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ORIGINAL DEPARTMENT.

LECTURES.

Chronic Softening of the Brain: A Clinical Lecture delivered at the Pennsylvania Hospital.

By J. Forsyth Meigs, M. D.,
One of the Attending Physicians.

[Reported for the Medical and Surgical Reporter.]

Gentlemen: It is by studying out carefully a single one of those difficult and obscure cases which are met with in our hospital practice, that you will often learn more than if we were to bring to your notice half a dozen cases in rapid succession. In examining one of these cases in order to make out a diagnosis, the physician is obliged to resort to his books, to bring to bear upon the case all the knowledge which modern physiology and pathology give us, and nothing is more calculated to exercise and strengthen the intellectual powers than the processes of reasoning, by which, after a careful survey of the facts, we finally arrive at a conclusion.

Of all obscure and difficult cases, those of the brain are most so, and for this reason we have brought before you this patient, who offers an interesting and striking example of cerebral disease, obscure in its commencement, chronic in its course, and doubtful, probably fatal, in its termination.

The patient now before you is a woman, born in Ireland, 36 years of age, and married. From what we can learn, her history is as follows:

History.—The patient has been married over twelve years. About fifteen years ago, she and her friends tell us, she had an attack of typhoid fever, and sometime afterward, an attack of some kind of skin disease, which she describes as having formed a solid scab all over her body, and which she informs us the physician who attended her did not designate by name, but called it "an eruption of the blood." She was ill with this about three months. This was about nine years ago.

After having recovered from this attack, she continued well for six years, "as sound a woman," she says, "as you would meet."

Her present illness began about three years ago. One day she was scrubbing on the porch, when she suddenly fell down, blackening her eye. She, however, soon recovered from the effects of this fall, which, from all that we can learn, was not very serious in its nature; she was not insensible after this fall. Four months after this she was confined; about five weeks after this she began to be attacked with dizziness, and now we come to the first striking point in her case.

She went, three months after confinement, on a visit to a friend, several hundred yards from her residence, and had great difficulty in reaching home, feeling dizzy and weak, having muscæ volitantes, and staggering like a drunken person. Ever since that time she has been getting worse. Her gait became so uncertain and staggering, that conductors would not permit her to enter the cars, considering her intoxicated, and frequently she stumbled and fell. During this whole period she has suffered from pain in the head.

She was again confined six months ago, the child having since died. She has not been able to do her washing or any hard work for a year or more. In other respects, her general health is good. Her bowels have been habitually torpid, and much more so of late. Soon after her last confinement she began to complain of chilliness, and a sensation of cold in the right side of her body. From the fall, already alluded to, which she received a little over three years ago, she got, according to her statement, entirely well, though her husband thinks that it was the cause of her illness. She herself dates her present disease from the time of the visit referred to.

In reference to the mental condition of the patient, her husband assures us most positively that she was never insensible; soon, however, after the visit spoken of, she became deaf in her right ear.

Somewhat later, there appeared weakness, and some running of the right eye; then the tendency to fall became very marked; when she attempted to get up to clean the windows, she was sure to fall. She never had any convulsive movements, but the headache has been constant since that visit.

Immediately before she made this visit she felt perfectly well. There had been nothing unusual in the confinement preceeding, only that she did not appear to gather strength as rapidly as on former occasions, and on that account the nurse had to be retained longer than usual.

Having thus given you, as far as possible, a history of the case, let us now examine the present condition of the patient.

First, as regards muscular power, you observe that her left arm and left leg are stronger than on the opposite side; the grasp of her left hand is more powerful; and the difference is still more marked in the lower extremities, when, as an experiment, we tell her to straighten her leg, after having flexed it, and resisting her efforts by the hand. The difference, however, is not very marked. Again, she tells us that when she attempted to walk, her left leg would be the best, and she preferred to place it first on the floor when getting out of bed.

Secondly, if we examine her as to sensibility on both sides, we find that the right arm is less sensitive than the left; but no appreciable difference can be detected between the two legs above the ankle. There is, however, evidently a loss of power in the reflex movements, for when the soles of the feet are tickled she does not draw them away with that force and suddenness we see it in healthy individuals.

Returning again to the phenomena of motion, you perceive that when she is laughing, the right side of the face hangs a little, the left side being decidedly drawn to the left, and when asked to wrinkle her face and to look cross, you see that the muscles acting upon the left angle of the mouth, act with decidedly more force than those opposite.

Again, the tongue when protruded, is pushed a little to the right of the median line. The right orbicularis palpebrarum is weaker than the left. When she is told to shut both her eyes and we attempt to open them, it requires a great deal more force to do so in the left, than in the right eye, showing that the contractive power is less in the latter.

If we now turn our attention from the phenomena of motion and general sensation to those of the special senses, we find, in the first place, that the right ear of the patient is entirely deaf. She cannot even perceive the ticking of a watch, held directly over the right meatus, when the left ear is shut; with the left ear she hears perfectly well. The vision in the left eye is more distinct, she states, than in the right, though the difference does not seem to be very marked. The pupils are equal in size and both act readily. The sense of smell, according to the patient's own statement, is very much diminished; indeed she complains of having lost it entirely. On testing it by holding a bottle of cod-liver oil under her nose, she gave no sign whatever of appreciating its odor; with aromatic spirit of ammonia, however, the result was somewhat different. When this was applied she turned away, though it was evident that the left nasal passage was more sensible than the right; besides, you must remember that ammonia is irritating and may produce an impression upon the branches of the nasal branch of the ophthalmic nerve, itself the first branch of the fifth pair,—which is distributed to the inferior and exterior parts of the nasal passages, giving them their general sensibility,—and cause reflex movements without affecting the olfactory, indeed while the latter may be entirely paralyzed; a phenomenon somewhat analogous to the reflex process of sneezing when we look toward the sun.

The patient states that after her fall, she frequently saw double, and even now does so sometimes, though not as often as formerly. There is also occasionally a decided tendency to strabismus convergens—the right eye being clearly disposed to turn a little toward the inner canthus, though at times the left also seems somewhat inclined to turn inward, to a merely perceptible degree. There is a positive oscillatory, tremulous movement of the bulbs, to a very slight extent, noticeable now and then in a lateral direction. She has entire control over both levatores palpebrarum.

Another very interesting symptom to which we have not yet alluded, is, that she has suffered from marked dysphagia ever since her fall, which becomes at times very unpleasant, causing regurgitation of the food through the nose, and exciting fits of choking. She cannot swal-

low either fluids or solids readily, and on this account has to eat very slowly, and prefers soft solids, such as bread softened in tea or soups.

In regard to the condition of her mind, according to her own account, her memory is much impaired; still it is not entirely deficient, but rather slow and sluggish. Her speech is markedly slow and imperfect, rather mumbling, chewing her words, as it were; quite different from her mode of speaking before she got sick; her words are pretty well selected, but not clearly enunciated, the last letters or syllables being lost in hurrying indistinctly over them. She is in good spirits, contented, and in excellent humor, laughing readily.

There is no vomiting at present, though there had been considerable, some months before she entered the hospital. Her bowels are costive. The tongue is moist and slightly furred; her appetite variable.

She cannot now walk alone with any security, but with assistance enough to steady her, or leaning on the bed, she can get down the ward.

Here then, gentlemen, you have a history of the patient, as far as we have been able to ascertain it, and a precise account of her present condition. Now, what is the matter with the patient?

There has been gradual loss of power in the right side as evinced by the deafness of the right ear, the diminution of muscular power in the right extremities; the sensation of cold and partial loss of sensibility on the same side; the loss of muscular power on the right side of the face, the slight strabismus convergens. Connected with this there is the loss of smell, the dysphagia, the mumbling speech, and the impairment of memory. All these symptoms point to disease of some kind in the left hemisphere of the brain. But besides these, you have the staggering gait, evincing impairment of the power of co-ordinating muscular movements, and as experimental physiology has taught us that this power resides in, or is connected with, the pons Varolii or cerebellum, there is every reason to suspect that the morbid condition in the brain, whatever its nature, extends in this direction.

The dysphagia to which this patient has been subject is a symptom of considerable importance. You recollect that the movements of the pharyngeal muscles in the act of swallowing are entirely automatic, independent of volition, belonging to the order of reflex movements. Now it is by the impressions of food and other stimuli, made upon the branches of the glosso-pharyngeal nerve, and thence carried to the medulla oblongata, whence they are reflected upon the motory nerves of the pharynx, that the act of deglutition is induced. In the patient before us, the glosso-pharyngeal nerve evidently has lost its sensitiveness, if not entirely, to a great extent; hence it does not so readily convey the impression when food is present, to the centres, so as to excite the muscles of the pharynx to grasp and dispose of it, and the food either regurgitates, or coming in contact with the larynx, causes fits of choking.

It is important to bear in mind the automatic nature of the movements of deglutition. In cases where the patient is unconscious, or in convulsions, and it is desirable to give medicines at once, you need not wait for consciousness to return, or for the convulsions to cease, before you administer your remedies. I have seen a case of violent convulsions in a little boy, ten years of age, caused by the presence of an enormous quantity of indigestible food in the stomach—where the attendants waited for two hours for these most horrid convulsions to cease before attempting to give an emetic, that would speedily have emptied the stomach and arrested the disease at once. In these cases, remembering the automatic, or reflex character of the act of deglutition, all you have to do, is to force the mouth open and gently pour your medicine in the back part of the throat, when the glosso-pharyngeal nerve will convey the impression to the medulla oblongata, which will reflect it to the motory nerves, and the patient will swallow without difficulty.

To return, however, to the case before us, we must come to the conclusion that there is disease in the left hemisphere, extending also down in the neighborhood of the fourth ventricle, the optic thalamus, or corpus striatum, and involving to a certain extent the pons Varolii or the cerebellum.

Now what is the nature of the cerebral lesion? It can hardly be presumed to be apoplexy, which, as you all know, is the rupture of a blood-vessel, followed by extravasation and producing its effects *suddenly*. This case has been much too slow and gradual to be considered one of apoplexy. If there has been a sanguineous effusion in this patient at all, it must have been very small and comparatively slow. But I think the theory must be discarded altogether.

From the slowness and gradual progress of

the case, together with its symptoms and history already detailed, we are induced to look upon it, as one of chronic softening of the brain, involving chiefly the parts already mentioned.

I need, of course, hardly tell you that the prognosis is not very favorable as regards a final recovery.

As far as treatment is concerned, we must of course endeavor, as much as possible, to bring the patient into a condition that the brain may be properly nourished, so as to arrest, or at least to diminish, the rapidity of the disorganizing, softening process which is taking place, and to promote the absorption of any exudative material that may have been thrown out. For this purpose she has a nutritious but light diet, takes cod-liver oil, and iodide of potassium; and as counter-irritation is frequently followed by the best effects in these cases, a seton has been placed in the nape of her neck.

COMMUNICATIONS.

Fibro-melanoid Tumor of the Antrum, requiring the Extirpation of the entire Super-maxillary Bone—Operation—Recovery.

By F. Hinkle, M. D.,

Of Marietta, Pa.

March 9th, 1860. I was called to see Mrs. Wm. G., of Columbia, æt. 35 years, married, the mother of five children—the youngest three years old—and now thinks herself near three months advanced in her sixth pregnancy. She is of healthy parentage, and has always enjoyed excellent health until about two years since, when she was attacked with severe inflammation of the right lachrymal sac and its duct, for which she was treated by different physicians. About a year ago, she noticed a small tumor in the right nostril, which at first increased but slowly; recently, however, it has grown rapidly to its present size. It now fills the entire antrum, the right nostril, from which it protrudes externally, and by displacement of the septum, causes such occlusion of the left, that it is with some difficulty an ordinary probe can be introduced. The nose is much pushed to the left side, and the orbital cavity so encroached upon that the eye is displaced outward and upward, and rests against and upon the supra-orbital ridge. The integuments of the brow are thrown into numerous wrinkles, and upon elevating and retracting the upper lid, the whole globe of the eye seems to stand external to and rest upon the surrounding parts. The pressure upon the nerve has destroyed the sight of the right eye. Recently the pain has much increased in the part, and she now suffers great inconvenience from the constant accumulation, in the fauces, of a viscid secretion, so tough as to require frequent removal with the fingers to prevent suffocation. The distress from this cause is very great, almost entirely preventing sleep, which gives to the patient a very haggard and worn-out appearance.

Being an intelligent woman, I informed her that nothing short of the entire removal of the disease could afford her relief, and fully explained to her the dangers—now greatly enhanced by her being enciente—of so formidable an operation, and also the fact that should she survive the operation, the relief afforded might only be temporary, owing to the possibility of a recurrence of the disease. Satisfied that without relief from her sufferings, a speedy death was certain, she begged that the operation might be performed as early as possible, being "willing to suffer all things that her life might be spared even for a time to her little children." "In my case 'tis die dog or eat the hatchet," was her laconic, but expressive reply, to the artist to whom she was sitting for her picture the day previous to the operation, upon being asked whether she was not afraid of the result of so formidable an operation.

After mature deliberation upon her case, I decided to give her the benefit of an early operation, believing, from the rapid progress the disease had already made, that before the period of gestation would be completed, the poor woman would be beyond the reach of help.

March 22d, noon. Assisted by Drs. Eher, of Lancaster, and McCorkle, of Columbia, the patient being placed under the influence of a mixture of three parts of ether and one of chloroform, I made a semilunar incision from the angle of the mouth to a point midway between the ear and the external canthus of the eye, ligated the facial artery, and proceeded with a rapid dissection of the parts. Just beneath the infra-orbital foramen, I found the tumor protruding through the walls of the antrum, about the size of a dime. This being carefully dissected from the adjacent soft parts, I cleared the infra-orbital ridge and internal canthus, loosing the integuments as far as the tuberosity and median line of the nose, and while the flap was firmly retracted upon the forehead by one of the assistants, I separated the tumor from its

attachments within the orbit, as far as they could be reached. The incisor tooth having been extracted two days previous, I now notched the alveolus and hard palate with the saw, and with one blade of the cutting forceps, carefully introduced into the nostril and the other in the notch, divided the bone with a single cut. The malar bone was next freely notched on its under border, and with one blade of the forceps in the notch, and the other in the orbit, was transfixed into the spheno maxillary fissure, leaving the frontal and orbital processes as a future support to the ball of the eye, and then with one blade of the forceps introduced into the nostril, the division of the bony attachments was completed by cutting through the nasal bones and nasal process of the maxillary into the orbit. Depressing the mass with my left hand, I divided the remaining soft parts with the scalpel, and removed the entire mass of the disease, except a small portion that was closely adherent to the sheath of the nerve at the bottom of the cavity. The parts were next sponged with a strong infusion of matico, which arrested the hemorrhage, after which every remaining particle of diseased structure was carefully removed. After suffering the cavity to remain exposed for some minutes, during which time it was freely sponged with cold water, it was filled with charpie, soaked in the infusion of matico, the flap brought down, and the operation completed by the introduction of five sutures of silver wire, by which the parts were admirably retained in situ. The patient was now removed to her bed, and cold water dressing applied to the part. Being much prostrated, a draught, containing brandy and spr. ammon. aromat. was ordered to be given occasionally, until reaction was established.

5 o'clock, P. M. Reaction fully established; brandy and ammonia discontinued, and brandy panada and milk and egg, ordered as nourishment during the night. Patient complains of pain, for which quinia sulph. gr. 2 and morph. sulph. gr. ¼, in syr. acaciæ was ordered every three hours until relieved, and a lotion of liq. plumbi. subacetat. dil. and ext. belladonnæ, to be applied over the eye, around which there is some tumefaction, and discoloration from effusion of blood. The patient was again seen by Dr. McCorkle, at ten o'clock, and being quite comfortable after taking two doses of the anodyne mixture, it was discontinued.

23d, 9, A. M. Patient has had several hours comfortable sleep during the night, from which she seems quite refreshed. Pulse 90; skin moist. Continue same dressings to the wound, and use beef tea in conjunction with previous diet.

Being unable to see the patient more than once daily, she was taken charge of by Dr. McCorkle, from whom she received every attention between the times of my daily visits.

24th, 10 A. M. Patient is very weak; pulse 100, and feeble; complains of great nausea from the offensive discharge from the wound pouring into the throat; has vomited several times. I removed all the dressing from the cavity, and, after washing it well with cold water, filled it again with lint soaked in the infusion of matico, and anointed with castor-oil to prevent its adhering to the part; continued the lotion and cold water dressing externally, and ordered diet of beef tea and milk-punch, and carb. ammon. gr. 2, and morph. sulph. gr. ⅛, every four hours, in mucilage. At 8 o'clock, P. M., the nausea and occasional vomiting continuing, Dr. McCorkle ordered a saline cathartic.

25th, 10 A. M. Bowels have been moved; vomiting less frequent, but nausea still continues; very weak. Beef tea and brandy to be taken freely, and continue ammonia mixture. At 4 P. M., Dr. McCorkle was summoned to the country, at which time our patient was much more comfortable. Late in the evening, she was induced by a friend to take some warm oyster broth, by which the dressing of the cavity was saturated, and a slight capillary hemorrhage brought on, which gradually increased until about midnight, when, the family becoming alarmed, the doctor was sent for. Finding that the patient was rapidly sinking, and that the readjustment of the dressings, and the introduction of fresh portions of lint, had only temporarily arrested the hemorrhage, I was summoned to his aid, and at 2 o'clock A. M., of the 26th, found the patient almost in articulo mortis; pulseless, with blood oozing freely from both mouth and nostrils, and frequent retchings, as if to free the stomach of the blood which had found its way into that viscus. I immediately removed from the mouth and fauces large clots of blood, gave a large draught of brandy and ammonia, and as speedily as possible removed all the dressings from the cavity, and by sponging it with the strong infusion of matico, and refilling it with the charpie saturated with that liquid, succeeded in arresting all bleeding. It is the opinion of Dr. McCorkle,

that the patient had lost not far from three pints of blood, and so great was the prostration, that, notwithstanding the active administration of the strongest diffusible and nervous stimulants, her life was despaired of for some hours, during which time she passed from one state of syncope to another, with cold extremities and occasional convulsive paroxysms. There was also constant nausea and severe retching. Ice was given freely, spice plasters applied over the abdomen, and sinapisms and hot alcoholic fomentations to the extremities. 10 o'clock A. M., nausea and vomiting subsided; patient comfortable, but very weak. Ordered wine and egg, and beef tea and brandy, and left patient in care of Dr. McCorkle.

27th, 8½ o'clock A. M. Patient has rested pretty well since I last saw her. Complains of some pain in the wound in which there is now considerable tumefaction, and the areolar tissue around the eye is filled with and discolored by the blood effused during the efforts at vomiting. Apply cold poultice of elm bark, ext. arnica and powdered alum over the eye, and continue cold water dressing to the wound.

From this time forward, there was no untoward symptom. The pain, tumefaction, and discoloration, gradually subsided. The patient being very anæmic, I prescribed syr. ferri et quin. cit., with good diet; stimulants as required, gradually substituting malt liquors for the alcoholic stimulants; the bowels kept soluble with mild laxatives when necessary, and the wound regularly dressed. The patient's health and strength gradually improved, and in six weeks from the time of the operation she was able to walk about the house, and, during the seventh week, walked two squares on the street, supporting herself on her daughter's arm.

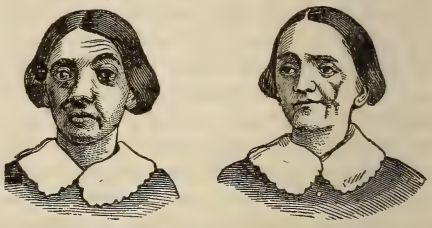
May 23d, 10 o'clock P. M. Dr. McCorkle attending, she was delivered of a male child, dead, of about 5½ months. Two days previous, she had fever and swelling in her limbs, and from that time felt no further motions of the child. Immediately after her delivery, she said she felt "like a new woman."

May 24th. Pulse 100; skin normal; no fever; tongue clean; appetite good; ate a piece of toast just before my arrival; complexion good; expression cheerful, and general appearance healthy,

From this time she steadily improved in health, and on

July 17th, visited me at my office; she says she now enjoys as good health as she has ever done; is quite cheerful, and, were it not for a scar, resulting from the application of some escharotic by an empirical practitioner some months previous to my seeing her, would show but few marks of the severe operation to which she had been subjected.

Before the operation. After the operation.



The Present State of Ophthalmoscopy.

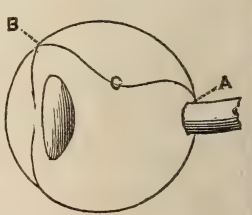
By Max Kuechler, M. D.,
Of Newark, N. J.

No. 9.

Pathological Changes of the Retina—Detachment and Separation of the Retina. The retina, in its normal position is situated parallel to the choroid coat, upon the inner surface of the latter, and is connected with it by a thin cellular material. It is seen, upon intraocular illumination, as a light grayish film or mist, spread over the choroideal pigment, which often, however, escapes the eye of the observer, especially when the choroideal pigment is light. Frequently, however, we are enabled to recognize the retina with the unarmed eye.

In consequence of morbid processes occurring in the choroid, especially of exudations and extravasations taking place between it and the retina, the retina may become detached from its choroideal attachment, and protrude forward toward the dioptric apparatus. It does not, however, separate at its point of attachment to the optic nerve, (Fig. 1. A,) nor where it is attached to the ciliary body (B); while the whole of the intermediate portion of the retina, between these two points may be detached, generally assuming a form as presented in Fig. 1. Most commonly only the lower part of the retina separates, and forms a sort of a sac with a cloudy surface. Where this merges into the normal portion of the retina, i. e., that which remains joined to the choroid, it is either smooth, flat, or forming folds,—bulging.

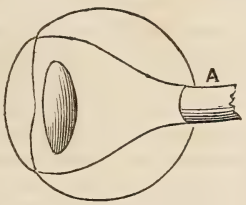
Fig. 1.



The detachment of the retina, once commenced, generally progresses, and a portion of the retina, once separated, will rarely become re-attached, and even if it should, will never resume its physiological function.

If the retinal detachment progresses in extreme cases, the membrane may become separated completely, and retain no point of attachment except around the contour of the optic nerve and its point of insertion into the iris. In this case the retina, on examination with the ophthalmoscope, assumes a funnel-shaped form, (Fig. 2,) and in the centre of the funnel we see the intraocular end of the optic nerve.

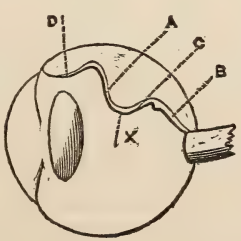
Fig. 2.



As already stated, it is not absolutely necessary to use an ophthalmoscope in order to recognize a retinal detachment. By placing one's self, with the back toward a window, and the patient in front, by letting him move his eye upward and downward, we can readily convince ourselves that the pupil has a grayish glimmer at the point of detachment. The vessels running across this point make the diagnosis certain, and prevent the case from being confounded with opacity of the vitreous humor. The ophthalmoscope, however, renders the image much more clear and distinct. At the moment when the focus is thrown into the background of the eye (upright image,) we see the fundus apparently normal; but as soon as we throw the focus somewhat more anteriorly, the retinal detachment appears in the shape of a gray cloud, over which vessels are seen to run in wavy curves, irregularly, in a direction toward the observer, moving like clouds, sometimes disappearing, then again coming into view.

The retina, which in this condition forms folds, gives to the vessels, which run upon and with it, frequently the appearance as if they were broken or doubled upon themselves. For instance, in Fig. 3, we will only be able to see

Fig. 3.



the parts A and B, while at C, D, the vessels of the portions forming the folds, will of course be hidden from our eye. Now, if, for instance, a vessel enters this fold, two will apparently make their appearance at C, D; we then obtain an image represented in Fig. 4; A, the optic nerve; B, the retinal vessel of the detached retina; C, D, the fold of the retina, where the vessel branches off into two; E and F, the two branches of the vessel appearing as if cut off. Fig. 5, shows the lateral appearance of the parts in this condition.

Fig 4.

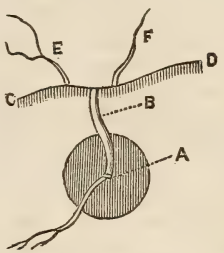
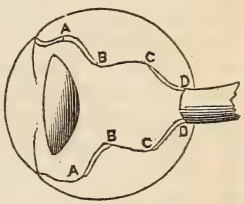


Fig. 5.



All these appearances may be seen with the upright image. By having recourse, however, to the inverted image, they all become clearer and more distinct. If the double convex lens used, is moved to and fro, the gray opacity, or cloud, and its vessels, will follow the lens and pass more rapidly over the fundus of the eye.

But if we have stated that a detachment or separation of the retina can readily be recognized by its grayish glimmering color, we must add, that this is not true in all cases, because the color of the detached retina depends upon the condition of the choroid or the media that have been deposited between the choroid and retina. These exudations vary much in their nature; but they are mostly bloody or watery. If the exudation is of a clear, watery, fluid character, the retina will appear of the above described color. But as the color of the exudation varies, the color of the retina will of course present corresponding variations of tint. But if there is an extravasation of coagulated blood behind the retina, the retinal detachment will be more distinctly marked. The coagula will strongly reflect the incident light, and hence the fundus of the eye remains comparatively un-illuminated, in consequence of which the detached portion of the retina will appear of whitish, grayish, or even greenish color, just according to the susceptibility and sensitiveness of the ob-

server's eye for the refraction of red colors. In short, the color of the image in detached retina depends upon the contents of the retinal sac. We can see this most clearly in cases, where in the same retinal sac we have exudations or extravasations of different color and consistence, which give to the detached retina different colors at different points.

Correct, however, as the statement may be that, as a general rule, the coloration of the retina depends upon the back ground, yet there are other cases, where the retina is recognized by its grayish tint; especially at the contours of the detached retina we find a whitish coloration, which, in the direction in which the detachment lies, blends into a grayish white; but in the direction where the retina is normal, little, or nothing, of this grayish glimmer is seen. Furthermore, if the retina changes its normal position, and becomes detached but in the least, it loses its transparency in a marked degree. When considerably magnified, and examined by the upright image, adding a lens to the dioptric apparatus, we see upon the retina striæ, representing fasciculi of nerve-fibres; besides these are seen little points, being cell-granules, first recognized by Dr. Liebreich, and not, as in morbus Brightii occurring densely grouped, but distributed equally fine over the membrane.

The vessels of the *detached* retina are essentially modified in their color and course. Circulation, as a general rule, continues in them; only where they are strongly bent or doubled upon themselves; the circulation becomes interrupted at these particular points.

The color of the vessels may be dark-red, brown-red, merging into black, and they appear the darker, the darker the fundus of the eye, or the darker the material exudated or extravasated into the retinal sac. If the fundus of the eye is greenish or brownish, the vessels will look blackish; when it is red, they will present more of their normal red color, just as when we paint crimson upon a green or black ground, the red assumes a darker, more blackish tint, while painting red upon a red ground only renders the color more prominent.

Detachment of the retina is distinguished from detachment of the *retina and choroidea* by the former presenting a more flattened appearance, while the latter forms a more bulging smooth tumor, over which the retinal vessels pass perfectly smooth and in a straight course. The choroideal vessels further aid in forming a diagnosis.

Anomalies of Circulation in the Retina.—It is difficult to determine a deviation from the normal fulness of the choroideal vessels. They are lying in a network too dense and narrow, imbedded in a pigmentary stratum, and overspread by layers of pigment. The *retinal vessels*, on the contrary, have a very feeble contour, are plainly seen to emerge from the optic nerve, lie in the clear retina, and hence we are able to detect even the slightest change in their fulness. But in spite of this, it is difficult to recognize a true hyperæmia of the retinal vessels, because the circulation of the blood varies so much in different individuals, and because, in consequence of slight causes, hyperæmia may arise, by no means morbid; for instance, in bending forward.

A considerable fulness, however, of the retinal arteries and veins, such as is found, often enormous, in persons working over fire, cannot be mistaken. But if the vascular fulness is not thus extremely developed, its diagnosis is often very difficult. In the same manner a general diminution in the calibre and fulness of the vessels is not easy of recognition. For a close examination of these conditions, it is necessary not only to inspect the veins and arteries at a particular point, and to compare them, but also to follow them through their whole course.

In atrophy of the retinal arteries and veins, we see these vessels gradually become more and more attenuated, until they really look like a mere white stripe. Some blood is seen to pass through in the early stage; later this disappears, until at last the vessel looks but like a thin white thread.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

ACUTE PHTHISIS.

T. E., 38 years of age, was admitted into the hospital, September 9th, 1860.

History.—Eighteen months ago he had been an inmate of the hospital, suffering from mania a potu, from which he entirely recovered. He then went to sea. On the 30th of last April, he came into the house again with an attack of syphilitic rheumatism, for which he was treated, and was discharged cured on the 31st of May. At that time, Dr. Reed, the house physician, reports his health as seemingly perfect, presenting no sign of serious disease. From the time he left the house, in May, he has made several trips down the bay as deck-hand, and

been engaged in work along the wharves at odd jobs, drinking heavily, when he had money.

For a month before he came to the hospital the last time, he had felt badly, and two weeks before ceased to work, and was at a boarding house, spending a part of his time in bed. A week before he entered he was quite unwell, had some diarrhœa, cough, and fever; no appetite, loss of strength and flesh.

After he came into the house he had some five or six stools in rapid succession. He was very weak, had much cough, in paroxysms, very severe and violent, with painful dyspnœa after coughing, which on one or two occasions became so severe as almost to amount to cramp. The fever was rather slight; skin soft and moist; face dusky and pale. He complained of pain. Expectoration was rather scanty and difficult; the sputa consisted of dark-colored, thick mucus, intermingled with watery fluid; some of the thick masses which he expectorated were mixed with some blood; it was, however, not the thoroughly mixed rusty mucus, but the blood appeared in small masses or streaks, and usually of a dark venous tint.

The tongue was moist, not much furred, yellowish; but there were no sordes. There was epistaxis. For a few days before admission, he had had diarrhœa, amounting to from three to six passages a day. The abdomen was not at all distended, but slightly tympanitic below, while the liver extended down the right hypochondrium to below the umbilicus and across the epigastric region into the left hypochondrium. There was, however, no tenderness, no ascites, no gurgling, no eruption.

Physical Examination.—Auscultation on the first day of his admission yielded a fine, bubbling crepitus, confined to inspiration, over the lower fourth of the lungs behind. But though fine, this crepitus was not as dry as the true crepitus of pneumonia; it extended upward rapidly. There were no sibilant râles present, indicative of bronchitis, but a faintly marked bronchial respiration was discovered as the case progressed. Percussion was clear and sonorous. Two days before his death a faint, imperfect crepitus could be heard with some difficulty over both mammary regions in front, but there was no well marked metallic bronchial respiration, nor could any friction sound be discovered.

The cardiac sounds were normal. He had mild delirium at night, which increased, and he became drowsy through the day.

There was no vomiting. The condition of his mind was good. He had no headache; when roused he would be awake at once, and answered questions quickly and correctly, only in an abrupt, irritated way. He had the appearance of a very ill and suffering person.

Immediately on his entrance into the hospital, taking in view the low state in which the patient was, he was ordered milk punch, a wine-glassful every two hours; a tannin and opium injection, to restrain the diarrhœa, and a cough mixture, composed of muriate of ammonia, syrup of tolu and liquor morph. sulph. He was dry-cupped over the back, and a blister put in front over the chest.

Diagnosis.—It is acknowledged by the best authorities here and on the Continent, that the diagnosis of acute phthisis is sometimes extremely difficult. In this case, it might have been confounded with typhoid fever. The patient had had epistaxis, diarrhœa, was very feeble and low, and had a certain amount of delirium. But he had had no rose-colored eruption, no tympanitis, there were no sordes, no gurgling in the right iliac fossa. There was an absence of the sluggishness, with slow waking up and slow answers, as we find it in typhoid fever. Again, we do not find in typhoid fever the liver enlarged, as it was in this case; and this led to the assumption that the organ had undergone fatty degeneration in consequence of tubercular diathesis, especially as he had been a hard drinker.

Again, acute phthisis must be distinguished from pneumonia. There was in this case, it is true, a fine bubbling crepitus over the posterior lower part of the lungs, but not as dry as the true crepitus of pneumonia. There was a faintly marked bronchial respiration, but no sibilant râles, nor the well marked metallic tubular respiration.

Some observers state, that typhoid fever can be distinguished from acute phthisis or other diseases, by the peculiar musty odor present in the former.

Taking all the facts and symptoms, together with the history of the patient, into consideration, the case was diagnosed as one of rapid, acute tuberculization, and this was verified by the post-mortem examination.

Autopsy.—With the exception of one or two very small adhesions, the pleura was healthy.

Both lungs were fairly riddled with tubercles. They contained immense numbers of miliary tubercles, most abundant in the upper lobes, though very numerous also in the lower. The lower portion of the inferior lobes were of a deep red color, crepitant, but rather firmer than usual, and containing a great deal of blood. A piece cut off from the lower lobe floated, but after being squeezed, it sank.

The *heart* was healthy.

The liver was very much enlarged, perhaps to one-half its natural size, weighing between five and six pounds. Under the microscope, it was found far advanced in fatty degeneration.

Peyer's glands were perfectly healthy.

SUBCUTANEOUS INJECTIONS.

A patient was brought before the class who had entered the hospital on the 20th of September, suffering severely from pain in the left lumbar region. He has had this pain since February—7 to 8 months. On a careful exami-

nation, nothing was discovered that would give rise to the pain. He enjoyed general good health; had no fever; no loss of flesh. There was no pain at the glans penis, scrotum etc., as there would be if the pain was owing to stone in the bladder, or the passage of renal calculi through the ureters. The urine was perfectly healthy; appetite and digestion good. The diagnosis was hence limited to chronic neuralgic affection of the lower intercostal and lumbar nerves. A hypodermic subcutaneous injection of 20 minims of a solution of morphia, of the strength of 16 grains to ℥i of water, was resorted to as soon as he entered, when the pain at once disappeared, and has not since returned. He was ordered to take twice or three times a day 10 drops of the tincture of nux vomica, with 1 drachm of compound tincture of gentian.

Dr. Meigs remarked, that the subcutaneous injection of morphia had been resorted to considerably in the hospital, with very good results; only in one or two cases had furuncles made their appearance at the seat of injection. Atropine has not been used.

CASE OF EMPYEMA IN A BOY, WITH SPONTANEOUS FISTULOUS OPENINGS.

This patient is a little boy, nine years of age, whose illness dates back over a year. A year last April he was taken with pain in his side, and some cough. He remained in bed then for about a week. About three weeks later he became worse again. Somewhat later a swelling made its appearance on the right side, pretty large, nearly the size of a fist, which broke about the 4th of July, 1859, and discharged a large quantity of pus. At that time he was very sick, had fever, oppressed respiration, but not much cough.

It is a marked case of chronic pleurisy, running into empyema.

On physical examination, the right side is found to be markedly contracted. The sound side measures 12 inches in circumference, the right only 9½, a difference of 2½ inches, which is remarkable in so young a patient. Two causes contribute to this. In the first place, the contraction of the sick side, in consequence of the compression of the lung, which is bound down by the adhesions; and secondly, the *supplemental* expansion of the sound side, in consequence of increased respiratory action of that lung.

Auscultation yields friction sounds, and more or less of coarse, rough, harsh, vesicular murmurs. On percussion, there is strong, full pulmonic resonance on the left side, while on the right the resonance is feebler, and has the peculiar wooden or tubular sound.

Although the suppurative process may be arrested, it is very rare, when the disease has lasted for any considerable length of time, that the lung ever expands to its former capacity. This is because it is not only contracted in consequence of the fluid mass pressing upon it, but also bound down by firm adhesions of plastic material.

Dr. Meigs, in alluding to the importance in these cases of making an early diagnosis, referred to the case of a boy, 10 years of age, where a chronic pleurisy, with empyema, had been mistaken for typhoid fever, and the fistulous openings for secondary subcutaneous abscesses.

The patient, in the present instance, has of late been put on tonics, cinchona and iron, with a good nutritious diet, and been sent to the country, and under this treatment and regimen appears to improve. But his lung will never resume its normal expansion, on account of the plastic material thrown out on the pulmonary surface of the pleura, which binds it down, and his right side and shoulder will always be more or less contracted.

PHILADELPHIA HOSPITAL.

Service of Dr. R. J. Levis.

CASE OF EXTENSIVE VENEREAL VEGETATIONS.

Sarah A., aged twenty-five, recently entered the hospital for relief from an enormous collection of warty growths on and within the external genitals. Her sufferings were very great, and she was nervous and debilitated. The discharge of a disgustingly offensive ichor from the parts made her presence intolerable to other patients in the wards.

While in the hospital last spring, suffering from gonorrhea, the growths were excised, and the surfaces cauterized, but they rapidly reappeared, and spread extensively.

The efficient treatment of such vegetations from the mucous surfaces of the genitals has, in this hospital, usually been the application of either chromic or nitric acids, or more generally deep excision of the growths with the scalpel or scissors. Their existence has always been traceable, though sometimes rather remotely, to the irritating discharges from either gonorrheal or chancrous surfaces; but more particularly from the former. They certainly cannot be classed as symptoms of secondary syphilis, but are produced simply by local irritation, and are never inoculable. Their occurrence is much favored by the uncleanly habits of the patient, allowing acrid secretions to remain in contact with vascular surfaces. In females, they most frequently commence within the labia, near the commissures; and in males, at the junction of the prepuce with the corona glandis.

The cut illustrates the prominence and great extent on the surface, of the vegetations in this case. They were very red, sensitive to the touch, and evidently highly vascular, and extended from the inner and outer surfaces of the entire labia, over the perineum to the anus.

The operation of excising them was determined upon, but as merely shaving them off had been previously followed by a return of the affection, and as less hemorrhage was to be anticipated by a deeper removal—cutting below the extremely vascular tissue—the mass was removed along with the skin and mucous membrane involved in it.

The hemorrhage was nevertheless very great, requiring the excising to be frequently stopped for the ligating of numerous large vessels. When the entire growth had been removed, the edges of the integument around the denuded surfaces were drawn together, and united by silver sutures. Although this union was in some places held with much tension, the sutures retained their positions until nearly all the edges had united.

The excised surfaces have now either united or completely cicatrized, and the patient is improving in general health.

EPISCOPAL HOSPITAL.

Service of Dr. R. P. Thomas.

[Reported by Dr. B. E. Fryer.]

TWO CASES OF FRACTURE OF THE FEMUR, WITH A NEW APPARATUS.

Case 1st.—Levi B., English, aged 57, was admitted into the house with a compound fracture of the femur at its lower third, caused by a heavy casting falling on him. The direction of the fracture was oblique, and being a very muscular man, it was found impossible, with the old counter-extending band, to prevent excoriation. The adhesive strips had been tried, and invariably slipped, and as it was also difficult to prevent eversion of the foot, Dr. Thomas suggested an entirely new apparatus. It consists of a long fracture-box, with the outside leaf running up to the axilla, and the inside one nearly to the perineum. The counter-extension is made by having a piece of thick iron wire, say ½ inch, in the shape of an *U*, and curved upon itself midway, to an angle of forty-five degrees; this is firmly clamped to the floor of the box at its upper edge, and the counter-extending tapes fastened to the cross piece of the *U*. The extension band passes over a roller, fastened by pegs, below the foot-board, and may be tightened at pleasure by turning the roller and shifting the pegs to retain it.

The advantages claimed for this apparatus are, 1. That the counter-extending force is applied in the direction of the axis of the leg; 2. The counter-extending band does not excoriate, as it only makes pressure upon the tuber ischii; 3. The lateral support given prevents the possibility of any eversion of the foot, while the floor of the box obviates the danger of deformity from sinking of the bed; and 4. The facility with which dressings may be applied in compound fractures.

Though this was a very unfavorable case for the trial of a new apparatus, the man has recovered without shortening, and with as useful a leg as before the injury.

Case 2d.—Bridget C. was admitted into the house for a dislocation of the femur, so represented by the practitioner who sent her to the hospital. The position of the foot, which was everted, with a considerable shortening of the leg, at once led us to suspect a fracture of the neck of the femur, which, upon a careful examination, proved to be the case.

She was placed in Dr. Thomas' apparatus, and has recovered without shortening.

CURIOUS CASE OF FRACTURE OF BOTH BONES OF THE LEG.

John Daly, Irish, aged 26, while sitting on a coal car, with the sole of his foot resting on the one in front, the engine pushed the cars together, bent his leg upward and outward over the thigh, thereby causing a fracture of both tibia and fibula, about two inches below the knee-joint, and tearing the hamstring tendons so that the bellies of the muscles were drawn up very considerably.

The leg was placed in a fracture box, and cold water constantly applied to the joint, to keep down inflammation, which at one time was excessive. At the end of four weeks the leg was put in a starch bandage, and in seven weeks he left the house cured.

The manner in which this fracture was produced, is interesting. The leg being bent up

over the thigh, pressed the head of the tibia against the condyles of the femur, so as to cause a resistance sufficiently firm to snap the bones close to the resisting point. A fracture of both bones, so near the joint, is rarely seen.

FRACTURE OF CLAVICLE AND STERNUM, COMPLICATED WITH WOUND OF LUNG.

Frederick S., a German, aged 50, fell from the side of a ship, and struck his shoulder on a large piece of timber lying on the wharf, producing a fracture of the left clavicle and articular edge of sternum, also dislocating the clavicle, and driving the sharp fractured edge down on the lung, which it wounded, so that air could be felt in the surrounding tissues, and also passed out at a small wound, in bubbles, with the blood.

The fragments were moulded together, and the dislocation reduced. The wound was closed with adhesive strips, and a compress placed over it, and Desault's apparatus for fracture of the clavicle applied. On the third day there was some pneumonia, which yielded to treatment, and the man was discharged cured in five weeks, with only a prominence at the sternal end of the clavicle.

Medical Societies.

PROCEEDINGS OF THE LANCASTER CITY AND COUNTY MEDICAL SOCIETY.

(Reported by John Levergood, M. D., Recording Secretary.)

Meeting of August 22, 1860.

Dr. A. Sheller (President) in the chair.

Subject for Discussion: Veratrum Viride in Puerperal Mania.

At the stated meeting of the Lancaster City and County Medical Society, August 22d, 1860, the order of business being "verbal communications from members,"

Dr. John L. Atlee, Sen., said, that a case then recurred to him, which, although not one of frequent occurrence in practice, was, in all its relations, of so distressing a character, so uncertain, and sometimes so unsatifactory in its treatment, that he would bring it to the notice of the Society. He did so in the hope, that, should a case occur in the practice of any of those present, they might be induced to give the remedy, which, in his hands, had operated so beneficially, a further trial—especially as, after considerable experience, all other methods of treatment had been less speedily effectual, and could, with less confidence, be relied on. It was true, that he had used the remedy in this case only; and he believed that it was, so far as his reading extended, the only application of it to the treatment of the disease in question; but he was decidedly of opinion, that to its influence exclusively, the rapid recovery of the patient was attributable; and he would rely, with some confidence, upon a similar result in future cases, if used at a very early period of the disease.

On Wednesday morning, Nov. 9, 1859, between 3 and 4 o'clock, he was called to see Mrs. S., aged 35, a native of Germany, of dark complexion and nervous temperament, who was then in labor with her eighth child. Her previous labors had been natural and easy, and had not been followed by unpleasant consequences. In this instance, he was told, that, on the Monday previous, a sudden rupture of the membranes had occurred, which, however, was not followed by uterine pains until Tuesday afternoon, when active and regular labor pains commenced.

An uneducated German midwife had been with her, at intervals, for 24 hours, who, too ignorant to understand the cause of the difficulty, had kept the poor woman in great suspense and anxiety. About an hour before Dr. A. saw her, a better-informed German midwife was sent for, who discovered that the presentation was preternatural, and requested his assistance.

He found the os tincæ fully dilated, and the right shoulder, and the cord, in which there was no pulsation, presenting. With but little difficulty, version by the feet was accomplished, and she was delivered of a dead child. After the delivery of the placenta, an anodyne was given, and he left the patient in a very comfortable condition, and very grateful for the relief afforded her after her prolonged suffering. He visited her on the three following days, at the expiration of which she was doing so well, that he ceased his attendance. At each visit she received him very cordially, and manifested strong feelings of gratitude.

On the evening of the 19th, ten days after the delivery, her husband called upon the doctor, and stated that his wife was not so well as she had been, that her conduct was peculiar, and he was very uneasy about her. After some inquiry, a dose of cathartic medicine was prescribed, and a promise given to visit the patient the next morning.

Upon entering her chamber the next day, he was struck with the alteration in the countenance of the patient. Instead of the pleasant smile which welcomed his previous visits, she cast a suspicious look at him, and it was with great difficulty that she permitted any examination. She would not speak a word, and withdrew her hand when he attempted to feel her pulse. Her husband informed him, that when he had given her the medicine the evening before, she said that the doctor intended to poison her, and she seemed to distrust most of the persons about her, as having a design against her and her children. There was some accelera-

tion of the pulse, but no evidence of general febrile disturbance, and no suppression of the lochia. No obvious cause was discoverable for the great change in her mental condition. In the hope that this change would be but temporary, a full dose of opium was left to quiet the nervous excitement, and prevent inordinate action of the bowels, which had been sufficiently influenced by the cathartic. Perfect rest and quiet were enjoined; and she was to be carefully watched to prevent injury to herself or others. On the next day, (Nov. 21,) the symptoms of puerperal mania were still more decidedly developed. It was impossible for the doctor to come near her. His presence seemed to terrify her; and her husband told him, that, since the previous visit, she expressed strong apprehensions that the doctor had poisoned her, and meditated her destruction. She had slept little or none, and it was difficult to keep her confined to her bed and her room.

For the reason previously stated, viz., the uncertainty of all previous methods of treatment in speedily arresting the progress of the disease, and the absence of any leading indication as to the immediate cause, he determined to put her, as soon as possible, under the influence of the veratrum viride, in the hope, that, by controlling the general circulation and diminishing the nervous excitement—two properties which this medicine possesses in an eminent degree—some benefit would result. The saturated tincture, in doses of five drops every three hours, was ordered, and was to be continued as long as it did not produce nausea, vomiting, or prostration.

On the following morning, on entering the room, he found his patient lying calmly and quietly on the bed, with a total absence of the sinister expression of the day before. She answered him slowly, but in a whisper, put out her tongue, and let him feel her pulse without resistance. Upon inquiry, he found that soon after the administration of the third dose of the veratrum, on the previous evening, she had become calm, had rested quietly during the night, and had remained so. Her pulse was reduced in frequency to 56. In the use of the veratrum viride, in safe doses and at intervals of three hours, the doctor remarked, that in his general practice he had almost invariably observed that the circulation was not brought under its influence until after the third dose; and he had reason to believe that in this case a decided amelioration in the condition of the patient had taken place as soon as its peculiar effect upon the heart had occurred. Of this fact, however, he could not be certain, owing to the ignorance of those around the patient. The medicine was continued, and on the next morning there was an entire absence of all unfavorable symptoms. The patient was cheerful and obedient, conversed rationally and freely, and without allusion to her previous unhappy condition. A laxative was ordered, and the veratrum continued at intervals of four, and subsequently of six hours, until the 27th, the pulse never rising above 60. On the 28th, twenty-four hours after the last dose, the action of the heart was sensibly free from its effects, without any return of the unfavorable symptoms; the patient was in every respect well; and he took leave of the case. Since then she has attended to her domestic duties as usual.

He would remark again, that he was not aware that the veratrum had been used before in the treatment of puerperal mania; but he wished that his medical brethren would give it a trial, should they have the misfortune to encounter the disease. From its sedative influence upon the heart and nervous system, he thought it might be beneficially used in the treatment of some other forms of mania.

Dr. Carpenter, related some cases of puerperal mania, in which he stated that he had derived great benefit from the use of opium. A patient of his, some eight or ten days subsequent to parturition, was seized with an attack of mania, brought on by having been seen while *en deshabille*. He used opium, which evinced a decidedly beneficial influence over the disease. Dr. C. had used it in another instance in which the mania was produced by the husband returning home about the tenth day, and compelling his wife to have connection with him, and here, also, opium had a very happy effect. Dr. Carpenter has never employed veratrum viride in puerperal mania, but in certain cases, as those of great vascular excitement, the happiest results were to be anticipated from its use. He condemned the indiscriminate employment of so powerful and dangerous a drug, and expressed the opinion that veratrum viride had accomplished but very few of the numerously reported cases of cure that have been attributed to it. Dr. Atlee's case he regarded as a highly important and interesting one, and goes very far toward demonstrating the immense benefit we may expect to derive from the veratrum in puerperal mania.

Dr. Ziegler remarked that, in his hands, the veratrum viride had received a faithful and extended trial, and he was free to admit that, in the cases in which he had given it, it had proved beneficial beyond his most sanguine expectations. He gave the history of a case of typhoid fever, in which, after almost every conceivable remedy had been employed unavailingly, and the patient seemingly beyond the reach of medicine, Dr. Z. made use of Tilden's preparation of veratrum viride, and succeeded in restoring his patient to health. He has employed the veratrum in most of the diseases coming within the range of his practice, and that, too, with the most undoubted success.

In answer to a question from Dr. Atlee, Sr., as to whether he had ever given it in cholera infantum, Dr. Ziegler replied that he had not,

but stated that in dysentery he had derived great benefit from its employment. Dr. Z. was led, from his experience and observation, to believe that the medicinal virtue of the veratrum viride was not owing exclusively to the sedative property it possesses, but that it, also, has an anodyne effect; and further stated that, as the frequency of the pulse subsided, its volume increased. Dr. Ziegler concluded by expressing the earnest hope that the members of the Society would give the veratrum viride a fair and impartial trial, and report the result of their observations at a subsequent meeting.

Dr. Hinkle gave an account of a case of mental derangement, in which six grains of sulphate of morphia are taken every twelve hours, but until he commenced giving the veratrum viride the narcotic had not the slightest effect in quieting the patient. He continues to give the morphia in conjunction with the veratrum, and a salutary effect is very manifest; a cure is not anticipated.

Dr. Parker remarked that, on numerous occasions, he had employed veratrum viride in puerperal fever, and with nearly uniform success. He acknowledged himself to be an enthusiastic advocate for its use in this disease, in fact was almost disposed to regard it as a panacea.

Dr. Cassidy followed with some observations on empirical practice, when the Society adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

TRACHEOTOMY IN EPILEPSY.

Tracheotomy in Epilepsy, although recommended by the very high authority of Marshall Hall, now over fifteen years ago, has of late fallen into disuse, at least not many cases have found their way into the journals. In the 15th September number of the *Medical Times and Gazette*, Dr. A. Wynn Williams communicates two cases of epilepsy, in which the trachea was opened.

The first case was that of a young man, 18 years of age, who had become attacked with epilepsy when ten years of age, the attacks having increased in frequency and duration in spite of every remedy that was thought likely to benefit him. Under these circumstances, tracheotomy was resorted to Sept. 10, 1855. For four or five months after the operation, the patient was thought to improve, the fits becoming less in frequency and severity. In six months, however, they recurred as severe as before. The tracheal tube was worn for three years, without apparently influencing the progress of the malady. The case, however, is not considered as one from which to form a fair estimate, the patient being much addicted to intemperate habits, and Dr. W. states that had he been previously made aware of this circumstance, he should not have proposed the operation.

The second case which Dr. Williams reports, is that of a man 25 years of age. He had been subjected to epileptic seizures in the night for many years, but had only been subject to them in the day for two years. He had, in consequence, been obliged to relinquish his employment. He had undergone a good deal of treatment previous to coming under Dr. W.'s care. The operation was performed on July 9th, 1856. The patient went on very satisfactorily after the operation. The epileptic seizures became gradually less severe and less frequent, and for the last two years he has had no attacks during the day time, and only very slight ones at night. At this time (Sept. 1860) he is in apparently good health, and has but rarely slight fits when in bed. He still wears the tube.

PIARRHÆMIA.

Piarrhæmia, or milkiness of the serum of the blood, is the subject of some extended remarks by Dr. Charles T. Coote, of London, in the *Lancet* of Sept. 7th and 15th, where he records a case of acute diabetes mellitus, accompanied by piarrhæmia. Some months ago, Trousseau, if we remember rightly, or some other prominent Parisian physician, presented before one of the societies a specimen of serous fluid, evacuated from a hydrocele, which was perfectly milky, looking like chylous urine, and he suggested that it should be considered a new form of hydrocele. Within two months we were present at the post-mortem examination of a woman, about 68 years of age, who was suffering from ascites in consequence of—as the autopsy revealed—a scirrhous tumor involving the pancreas. At two different times had this woman been tapped, and on each occasion gallons of a perfectly milky serum were discharged. On examination, no fat or oil whatever could be found in the fluid, and the milkiness was, no doubt due to the presence of molecular albumen. In these cases, however, the piarrhæmia did not extend into the blood-vessels, rendering the blood itself milky, as in those mentioned by Dr. Coote.

After a careful comparison of the facts, the author comes to the following conclusions:

The conclusions which I should venture to draw from a comparison of the facts collected in this paper, are as follows:

1. Piarrhæmia consists in an excess of saponifiable fat in the blood, not in the mere liberation of fat from its combinations.

2. The excess of fat in the blood may be the result of two causes, viz:

(*a.*) The excessive ingestion of fat, (as in piarrhæmia during digestion.)

(*b.*) The diminished elimination of the same, as in hybernation and pulmonary diseases.

It is not quite clear to which of these categories alcoholism belongs. It is *conceivable* that its elements may be *directly* converted into fat by deoxidation; but it seems more probable that the conversion is effected *indirectly*, the hydrocarbon of the alcohol attracting to itself that free oxygen which would otherwise have been employed in the combustion of the fats of the food, and so permitting the accumulation of the latter in the blood.

3. Fat, if directly ingested, may enter the blood with the chyle through the thoracic duct; but it is clear, from the present case, that it may also be elaborated in, and absorbed directly from, the liver.

4. Piarrhæmia is not a *result* of diabetes mellitus, for either may exist without the other. Both seem to be consequences of the same derangement of the functions of the liver which overloads the blood, sometimes with an excess of sugar alone, sometimes with an excess of sugar and fat combined.

Why the liver should deal so differently in different cases with the hydrocarbons submitted to its influence, it is hard to say. It seems not improbable that sugar alone is elaborated in the first instance, and that the excess of fat is the result of a deoxidation of this substance; for the conversion of sugar into fatty substances is not only capable of being effected experimentally, (as in the production of butyric acid by fermentation of sugar under the influence of casein,) but has been shown to take place in the animal economy, in the formation of wax by bees fed only on sugar.*

5. The pathology of blood milky from molecular albumen, must be considered as still almost wholly negative. It is probably never an independent affection; but neither is it a mere accidental consequence of piarrhæmia. Its apparent relation to albuminuria seems to point to some organic change in the constitution of the plasma of the blood itself.

REVIEWS AND BOOK NOTICES.

On the Diseases, Injuries and Malformations of the Rectum and Anus, with Remarks on Habitual Constipation. By T. J. Ashton, *Surgeon to the Blenheim Dispensary, Fellow of the Royal Medico-Chirurgical Society, Member of the Pathological Society of London, etc.* With Illustrations. *Philadelphia:* Blanchard and Lea, 1860.

This is a reprint of one of the most popular monographs in the language. The subject is one but slightly treated in general surgical literature, and as a specialty for study and practice it does not seem to be a favorite one. The great frequency of diseases of this region of the body among all orders of society, seems not to have increased the general knowledge of the subject, and there is no class of affections more frequently maltreated. A thorough examination of the parts is often, with fastidiousness avoided, and, for want of a knowledge of some of its simplest pathological conditions, trifling affections remain the cause of life-long suffering. We have known an apparently trifling, but intensely painful anal fissure, to be allowed to almost wear out the existence of a patient for the want of the little knowledge necessary for its effective treatment.

We have considered affections of this outlet among the most painful diseases to which humanity is liable, and as those peculiarly predisposed, without prompt treatment, to become chronic.

The complex anatomical relations of the rectum, and its highly vascular and nervous organization, give to its pathological conditions a morbific influence in the whole economy, which makes a knowledge of its diseases of the utmost importance to every medical and surgical practitioner.

Those who have not studied the subject with special attention, will be surprised at the fullness of this monograph. The treatise is divided into twenty chapters. The diseases of the anus, including Irritation and Itching, Inflammation and Excoriation, Excrescences of the Anal region, Contraction and Fissure of the Anus, are considered in the first five chapters. Neuralgia of the Anus and Lower Extremity of the Rectum, Inflammation of the Rectum, Ulceration of the Rectum, Hemorrhoidal Affections, Enlargement of Hemorrhoidal Veins, Prolapsus of the Rectum, Abscess near the Rectum, Fistula in Ano, Polypi of the Rectum, Stricture of the Rectum, Malignant disease of the Rectum, Injuries of the Rectum, Foreign Bodies in the Rectum, Malformations of the Rectum, are the subjects of the next fourteen chapters, and the work concludes with a chapter of great value on the subject of Habitual Constipation.

The work will be in general demand as a standard authority. It is well illustrated, and appears altogether in a very attractive style.

The Principles and Practice of Modern Surgery. By Robert Druitt, *Licentiate of the Royal College of Physicians of London, Fellow of the Royal Medical and Chirurgical Society, etc. New and Revised American from the Eighth Enlarged and Improved London Edition, with four hundred and thirty-two illustrations, pp.* 695. *Philadelphia:* Blanchard and Lea, 1860.

Druitt's Surgery has been for a long time a favorite with practitioners and students, and perhaps no work has been so generally accepted by the colleges as a text-book. It is re-

*Miller's Chemistry, vol. iii, p. 733.

markably condensed, yet quite comprehensive and explicit, and is, as every book on practical subjects should be, well illustrated.

Those familiar with the previous editions might not recognize the present re-issue, as it is enlarged one-third, and has added two hundred and fifty illustrations.

The work has, by this new edition been brought up to the state of science of the times, as is evinced by the chapters on Inflammation, Pyæmia, Ophthalmoscopy, Excisions of Joints, Anæsthesia, etc.

The name of the American editor is, with propriety, omitted from the title-page, but the Americanizing of the work has been accomplished in a manner which adds greatly to its value, and particularly to its acceptability in this country.

Were this book not generally known to the profession, we would be induced to present its merits more at length, but a simple notice of its re-appearance, enlarged and improved, is all that is necessary in its favor.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 6, 1860.

THE FIFTH VOLUME.

With the commencement of this, the fifth volume, the Medical and Surgical Reporter appears in entirely new type, and considerably enlarged. The object of these changes is to obtain more room, to furnish its readers a larger amount and variety of matter, and to present it in a more pleasing and readable form. We have no unfulfilled promises to renew, nor any pledges to make. Independent in the fullest sense of the term, untrammelled by any school, party, clique, or publishing interest, uncompromising with whatever is opposed to the true advancement of our profession, and, anxious to promote the advancement of science, we shall strive still more to deserve the success which we have already attained.

THE STATUS OF AMERICAN MEDICAL LITERATURE.

"Westward the Star of Empire takes its way," is destined to be no less true in the literary than in the political world. He to whom the sentiment was first attributed, spoke for England, her government and her people, little dreaming that the problem would be solved by a nation then unborn. While we would not claim too much for our country, we hold that it has given, and is giving evidence, that it can excel in some one or other, or all the departments of government, science, literature or art. The star of empire is now shedding its radiant lustre over our fair land, and we are still rapidly growing in political power and influence; not by a native growth alone, but, in spite of the broad Atlantic, by annually absorbing nourishment from the strength of the nations of the old world. And physical energy and power are not all that we compete with them in, or absorb from them. We have here a vast field for mental energy, and native talent is cultivating it nobly; but Europe is contributing some of her talent, and will contribute much more, to aid us in laying the foundations of the empire of mind. She has already given us, in general and special science, such names as Agassiz, Audubon, Lieber, Dunglison and others. We thank her for these, and like the daughters of the horse-leech, still cry, "Give, give."

If all the foreigners who come among us were—which, of course, cannot be expected—men of intelligence and education, our advance in literature would be much more rapid than it is. But the foreign immigration is composed of a heterogeneous mass, and a large part of the material has to be molded into shape after it reaches our shores. This, with the fact, that the wave of civilization, which is constantly rolling westward, encroaches upon the wilderness so rapidly, that its educational wants cannot be fully supplied, serves, so to speak, to make our institutions revolve with an unsteady motion on their pivot—education and intelligence.

To meet the wants of our rapidly growing country, a great deal of crude material is necessarily sent forth from our schools and colleges. European travellers express surprise at the haste with which we dispatch our meals, as if we could not spare the time from business, that is necessary to prepare our food for digestion by proper mastication. This is well founded, and it is to a certain extent true, of our educational interests. The demands of our widely extended

domain, which is so rapidly filling up, both by natural increase, and by foreign immigration, are so urgent, that really, our professional men *cannot wait* to become thoroughly educated. The literary meal must be swallowed with little regard to culinary preparation or succession of courses, and an active mind and a strong constitution, must be relied on afterward to digest it.

But our nation is young and vigorous, and the national mind is untrammelled by any one impracticable idea, that incubus which makes, as it were, a monomaniac of a nation, crushing out its energies, and hasting it on to imbecility, decadence and death. Like an unconquerable spirit, who, in spite of early disadvantages of education, is struggling upward to a respectable literary standing, our nation is fast overcoming the numerous obstacles to her literary advancement, and is making rapid improvement in all the departments of science and literature.

Especially is this true of medical education. Whatever may be said of the inefficiency of our present system of medical education, the fact cannot be denied that it steadily advances with the progress of time. It is more thorough, more systematic, and better adapted to the necessities of the times and the spirit of the age, than that of twenty-five years ago would have been. Now, as imperfect as our system of medical education has been, we have furnished a large body of medical men, who, in point of literary and scientific attainments, would be a credit to any of the nations of the old world, and the proportionate number is annually increasing.

Many of our literary productions take rank with the best foreign works on the same branches, and there are departments of literature in which we excel. Indeed, the indications grow stronger and stronger, that our medical literature will, ere long, be as eagerly sought by foreigners, as we, in times past, have sought their productions. We have active and gifted minds at work in the various departments of medical research, and the results of their labors will tend to elevate still more the literary claims of our country.

As much, however, cannot be said of our periodical medical literature, which has struggled hard to attain an honorable position. It has been suffered to languish for want of pecuniary and literary support, while we have been content to go abroad for this species of literature. It will be worth our while to inquire into this matter a little, see where the responsibility rests, and place it there, and then inquire whether there is any remedy, and what it is. And here we must regret the necessity of dividing the responsibility so much, as to be in danger of weakening the force of the application.

First, then, publishers are responsible, who, instead of establishing journals on a firm, and independent basis, and offering a liberal remuneration to the profession for literary contributions, are content to appropriate the labors of our European brethren by republishing some of the prominent foreign journals, as the Lancet, the British and Foreign Medico-Chirurgical Review, and Braithwaite and Ranking, all of which circulate extensively in this country, and are a source of revenue to their publishers, while the material costs them little, or nothing, and not a thing is done to encourage American writers, or build up an American medical literature. One or two publishing houses have pursued a different policy to a limited extent, and have attained a circulation for their journals which affords them a small revenue. Our publishers have been blind to their own interests in this matter.

Second—the writers of our profession, the physicians and surgeons, and the internes in our hospitals, the professors in our colleges, and practitioners generally, who lack the energy and industry to record their observations, have had no small share in this responsibility. We will allow, that as a rule there has not been sufficient inducement offered them to spend much time in writing, or money, in the investigation of subjects on which to write. Still, had they shown half the zeal and industry that were exhibited thirty years ago, by Chapman, Jackson, Horner, Eberle, Dewees, Mott, Francis, and others, they would have done something to maintain the character that those men

gave our periodical medical literature in their day, and advanced their own professional interests at the same time.

Lastly—the profession generally is largely responsible in this matter. While they have liberally patronized foreign periodicals and their republication in this country, they have been slow to encourage a home literature, or to recognize true merit in journals published at their own doors. Thus, we have again and again seen meritorious, well conducted journals, perish for want of encouragement, when a little discrimination, and concentration of support, would have placed them on a basis that would have enabled them to do much toward developing the medical mind of our country. Much money has been wasted in endeavoring to prop up evanescent publications, having no object in view but the advocacy of the claims of some school, party, or publishing interest, while meritorious, independent journals, have been allowed to languish and die out for want of support.

But a brighter day is dawning on this department of medical literature. It is asserting its claims to support, and those claims are being recognized by the profession, who are learning that Americans have ideas as well as foreigners, and that they can find an independent, untrammelled medical press, in which to give utterance to them. The day is not far distant when the republication of foreign medical journals will be found to be a losing business, when, of course it will cease, and when organs of schools, parties, and other mere private interests will give way before an extensively patronized independent medical press, that will offer liberal inducements to original thinkers, and show to the old world that in periodical medical literature, as well as in other things—"Westward the star of Empire takes its way."

THE "CHEMISTRY" OF QUACKS.

Several months ago, the Reporter contained some remarks on a circular published by James C. Ayer & Co., in which the latter puffed up their "Ague Cure," and which circular fairly teems with "hyfalutin chemical nonsense." "J. C. A. & Co.," of course, do not attempt "to give the exact atomic weight of the substance employed." Now hear the reason *why*—which they publish in a letter to the editor of the American Druggist's Circular!—*Because they could not do so with perfect certainty.* Honest quacks for once! They insist now, however, not only that the term *bituminous bases*, as used in their circular, is correct, but calling in aid one Alfred Booth, of Boston, who signs himself "Professor of Chemistry," that learned individual kicks up a tremendous chemical dust, out of which rise the "*bituminous bases*" in splendid magnificence. Listen to his nonsence:

"The exception to the term 'bituminous bases' is trivial; for any one who has mastered the rudiments even of the science would readily understand that the hydro-carbons were meant; in fact, the terms may be considered synonymous. Cinchona, as is well known, furnishes two alkaloids, quinine and cinchonine—similar to, but not identical with, each other. Professor Silliman, of Yale College, says: 'In the preparation of these alkaloids, a portion of quinine is often obtained as an uncrystallizable resinous mass, which is, however, identical in chemical composition and medicinal properties with the crystalline base.'"

Now, two things are certain: first, that "Professor" Booth, when he speaks of "*bituminous bases*," means the "*hydro-carbons;*" and, secondly, when he speaks of Ayer's Ague Cure, he means an "uncrystallizable resinous mass," which is identical in chemical composition and medicinal properties with the crystalline base; *i. e.*, quinia and cinchona.

It is evident, hence, that this celebrated Professor Booth speaks of quinia and cinchona—which are vegetable alkaloids, containing *nitrogen*, as of bituminous bases; *i. e.*, *hydro-carbons*. This Booth, in quoting Silliman, does not even know that "*resinous*," as applied to the uncrystallizable mass obtained in the preparation of the alkaloids of cinchona, only refers to the *physical, tangible* properties of this residue, and by no means to its *chemical* composition, and, ignoramus as he is, he calls the uncrystallizable, resinous-looking alkaloids, containing nitrogen, *hydro-carbons!* O sancta simplicitas!

O, most learned Booth!—ye type of ye glorious chemical quacks!

MORTALITY STATISTICS.

With this number we commence the publication of a regular weekly MORTUARY REPORT of some of the principal cities throughout the Union. Those who have worked at statistical tables of this kind, will understand the difficulty under which we labor, and be all the more ready to excuse any short-comings, which, for a little while, are unavoidable. The reports reach us in all shapes, and to get them into a uniform table requires a great deal of labor. We hope in a few weeks to have all the columns filled. We shall accompany the table every week with such remarks in the editorial columns, as shall suggest themselves; and for any information, as to the health of different sections, or other suggestions, we shall be much obliged to sanitarians throughout the country.

No severe epidemics seem to prevail in our larger cities. Diphtheria is still prevailing in New York, and within a week or two, cases have been more frequent in Philadelphia. New York sustains her reputation for a fearful infant mortality. The percentage of deaths in that city, under five years, during the week ending September 22d, is 55.21; in Philadelphia, 47.34; in New Orleans, 34.90; in Charleston, 32.35.

In reference to the question now agitated, whether one or two sessions should be held in the public schools of this city, one of our daily papers appeals to the medical profession to give a decisive opinion on the subject. *One session*, with a recess of half an hour, giving the children an opportunity to devote the afternoon to bodily recreation and preparatory study, is enough for all purposes; every hour spent in a second session, only tends to cripple the children bodily and mentally.

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The Philadelphia College of Pharmacy.—The Introductory Lecture to the course was delivered by Mr. Procter on Monday evening last. The regular course was commenced by Mr. Procter and Dr. R. P. Thomas, on Wednesday evening. This prosperous institution has, for the present session, a much increased attendance.

Correspondence.

DISHONORABLE MERCENARY ARRANGEMENTS BETWEEN PHYSICIANS AND APOTHECARIES.

Philadelphia, October 1st, 1860.

MESSRS. EDITORS:—

The manner in which a number of medical practitioners are in the habit of exclusively patronizing some particular apothecary has often attracted my attention, and awakened my suspicions in regard to its disinterestedness. At the same time the professional character of some of those who are certainly in this habit, would seem to exonerate them from such suspicion.

Were the apothecaries, who are the sole recipients of the favors of those to whom I allude, the best to be found and most deserving of patronage, or had they any peculiar preparations which could only be obtained from their establishments, there might appear to be some reason in extenuation of the practice. But my attention, which has been lately attracted to the subject, has confirmed me in the opinion that the contrary is indeed the fact.

I had often heard of a speculating collusion between physicians and apothecaries, and have long had sufficient evidence of its existence, to some extent; but it is only lately that I have been led into enough exploration of the matter, to convince me that the vice exists to such an extent, and among so apparently respectable a class of practitioners, as to need the most thorough censorial investigation. There are druggists who make but little concealment of the practice, and there are practitioners whose prescription patronage is offered to the highest bidder. The arrangement appears to be an agreement by which the physician sending a prescription to an apothecary, receives from the latter a percentage on the amount paid for it. This percentage seems to vary from fifteen to fifty per centum of the receipts.

The inducement, therefore, of the physician in such an agreement, is to get as much money into the hands of the apothecary as possible, so that he may increase his own share of it. With this object he prescribes as much and as often as possible, giving large doses, and changing the remedy frequently. An eight, or twelve ounce mixture, in which a grain or two of the tartrate of antimony is dissolved, and flavored with a bitter tincture, is a favorite prescription with a practitioner in extensive practice in the upper part of this city, and who receives almost a moiety of the amount paid for it by the patient. It can well be imagined that such a course may be profitable to both physician and druggist.

The plea of those medical men, who are given to this vice, would perhaps be that many of

their patients do not pay them for prescribing, and that only by extortion in charging for the medicine, to secure which cash must be paid, can they be compensated for their services. Such, in the state of affairs which they have themselves brought about, may be the case, but the remedy is in their own hands. They have only to refuse attention to those who do not compensate them, and who are not proper objects for professional charity. But the speculative collusion between the physician and druggist, tends to increase the unfortunate habit of not compensating physicians, because the former becomes indifferent about demanding a fee, while he is certain of eventually getting something from his well-drugged patient, through the intervention of the latter.

Its oppressive effect on the poor and suffering patient, who seeks relief from his afflictions by an appeal for professional charity, and then has his last pennies extorted for a prodigious drench of slop, is too contemptible for any association with a calling, which claims to have the relief of human suffering for its object.

Perhaps the practice is confined to certain localities of the city; my own observation of it has been mostly confined to one rather suburban neighborhood.

Every honorable physician will acknowledge how degrading to the profession is this disreputable truckling for lucre. It is already suspected, and openly hinted at in the community, and must, in becoming generally known, as it certainly will, be toward the profession the cause of an irreparable loss of confidence and respect.

I appeal to every honest medical practitioner to aid in exposing and condemning, as unworthy of professional courtesy, every man whom he knows to be guilty of a dishonorable alliance with druggists, and to withhold from the latter the patronage of his own prescribing.

To the Censors of medical and pharmaceutical societies the subject commends itself, as one deserving their scrutiny.

Esprit de Corps.

TANNINE AS AN ANTIDOTE TO STRYCHNIA AND NARCOTIC IRRITANTS.

[Dr. Patze, of this city, referring to a short article, published in the *Reporter*, a few weeks since, writes to us as follows:]

Messrs. Editors:

The recommendation of tannic acid, as the surest antidote in poisoning with narcotic alkaloids (morphia, etc.) by Foulmouch and Meurer, induced Lüdicke to use it in poisoning with strychnia, and with eminent success. Allow me to add a few cases to those already on record.

While practising in New York, I was called to see a little boy four to five years of age. I found him in a peculiar state of excitement, his cheeks suffused with a circumscribed redness, his eyes unusually bright, reddened, and moving in a staring manner; now jumping from his couch, as for a pursuit, then cowardly crawling under his coverings; the skin dry, moderately warm, pulse somewhat accelerated, but slower than might be expected, considering his general excitement. He had very vivid delirium, talking of his horses, dogs, as if he were in hot pursuit or running away from them. With some difficulty it was ascertained that he had eaten stramonium seeds. With cold fomentations to the head, and two grains of tannin at a dose, repeated every half hour, or hour, he recovered very rapidly.

Some years ago, at Stettin, in Prussia, I was called to see a little girl between three and four years of age, whom I found in a very alarming condition; the face red, foaming at the mouth, stertorous breathing, violent convulsions, incessant *lateral motions* of the spine; pulse rather slow and full. It was soon ascertained that the child had been eating freely of the berries of *solanum nigrum*. An injection of warm water and vinegar was at once given, and tannin administered internally in two grain doses. The effect of this was surprising. The next morning the child was out of danger, and a few days later, under derivatory treatment on the intestinal canal, she was perfectly restored.

Permit me here to call attention to the peculiar effect which acrid narcotic poisons seem to have upon the motary spinal nerves, producing a snake-like movement of the body. In a case of poisoning by belladonna, which I witnessed, this winding motion of the body was extremely well marked, presenting a horrid spectacle. The same movements were present, though not in so violent a degree, in the cases above related.

A. Patze.

EUROPEAN CORRESPONDENCE.

Glasgow, September 11, 1860.

Editors of Medical and Surgical Reporter:

Gentlemen:—In my present letter, I shall make a few observations upon the existing condition of the medical profession in England. There is not, as with us, one class only of medical men, who alone are recognized as regular practitioners; but, instead of that, there are three or four grades, to only one of which the title of M. D. is annexed. This unnecessary subdivision causes confusion and jealousy, and many are in hopes that a simpler system will, before long, be adopted.

What may be called the lowest grade, consists of those who have the license of the Apothecaries' Hall. These are called Apothecaries; but, instead of confining themselves to Pharmacy, they practise medicine, and have a

legal right to prescribe and to charge for their prescriptions.

This strange state of affairs arose from the circumstance of the comparatively small number of Doctors of Medicine, and their high scale of charges, which caused most persons to consult Apothecaries in slight cases of sickness. In former times, the Apothecary, although he might prescribe, had no right to charge, and he therefore was obliged, in order to obtain a fair remuneration for his trouble, both to give a great deal of medicine and to charge very high for it. But the evil bore in its own nature the germs of a remedy.

From having so much practice thrown into their hands, they very naturally adopted a higher standard. By degrees, they have come to be a recognized body, and are no longer obliged to overdose, or pretend to do so, in order to get their fees. A regular examination in *Medicine*, as well as in *Pharmacy*, must be undergone to be admitted into their ranks.

The Surgeon, as the term is employed in England, means a man who has the license of the College of Surgeons. The studies for this diploma, if it may be so called, are usually carried on in some hospital, and in a school connected with it, which school has itself no power of conferring any degree whatever, but serves only to prepare the student for the examination by others than its own professors.

The great mass of the practitioners of England have the diplomas of both the Apothecaries' Hall and of the College of Surgeons. They are called "*General Practitioners.*"

A still higher grade is formed of the Licentiates of the College of Physicians, and to these the title of Doctor or Physician is given, although they have no right to add "M. D." to their names. *This* right belongs solely to the graduates of a University—that is, of Oxford, Cambridge, or of University College, London, and their number is consequently very limited, although the M. D.'s of Scottish or Irish Universities are also recognized. In Scotland, the Universities of Glasgow, Edinburg, and Aberdeen, can confer the degree, and in Ireland it is conferred by Trinity College, Dublin, and by the Queen's University, which has Colleges at Cork, Limerick, and Belfast. In Scotland, the same constitution of the medical profession does not exist—at least, not to the same extent; for a much greater proportion of the practitioners take the degree of M. D. from some one of the Scottish Universities.

A peculiarity worth mentioning in the constitution of the profession in England, is, that the M. D.'s have no legal right to charge for their services, and instead of sending a bill at the end of a year, or six months, they are paid at every visit, the regular charge being a guinea. In the country, however, I heard of one instance in which a physician visited even at a distance for much less. The fact was mentioned in a manner which showed that the action was considered unprofessional.

I shall now give a brief account of one of the Scottish Universities, viz: that of Glasgow. It is a large building, built in a very ancient style, in three quadrangles, and contains a number of lecture rooms, some of which are devoted to medical lectures exclusively. This was not the case in one of the Queen's colleges which I visited in Ireland, where lectures on Logic, Latin and Surgery were delivered in the same room. The professorial chairs are, as far as relates to medicine, divided just as in the University of Pennsylvania, with the addition of a chair of Botany, and one of Forensic Medicine. There is also a Waltonian lecturer on the eye, William Mackenzie, who is also a surgeon of the Glasgow Eye Infirmary, and with whose name all your readers are of course familiar.

The chair of Natural History, in the University is ably filled by Henry D. Rogers, LL. D., a brother of the distinguished Professor of Chemistry in the University at home.

First in the list of officers of the Institution comes James, Duke of Montrose, Chancellor. There is also a rector, the Earl of Elgin. These offices are not much more than nominal, indeed, I was informed that the whole duty of the Chancellor consisted in delivering an address at stated intervals.

I visited in the University the Hunterian Museum, (that of William Hunter.) It is of considerable size, and additions are from time to time being made to it, particularly in the department of embryology. The strictly medical portion of the museum is in the basement of the building appropriated for it, while on the main floor, there is that part relating to Comparative Anatomy, interspersed with curiosities of various kinds, such as old books, old paintings, &c. I saw the cabinet of Materia Medica of the Professor of that branch, but it was very insignificant and not worthy of notice.

What interested me more than the University was the Hospital, or (as it is called) the Glasgow Royal Infirmary, which contains 600 beds, and to which a large additional building, now in process of erection, will soon be added. It is a large stone building, five stories high, but inside, the favorable impression made by the handsome exterior, is, in a great measure, done away with, for the entries are narrow and the wards are rather crowded. I was surprised to find that patients with contagious diseases were received, although kept in a separate part of the building from the other patients. This part of the house the physicians distinguish by saying it is for the *fever patients;* for although the distinction between typhus and enteric fever is beginning to be recognized even here, yet in ordinary conversation the term fever means typhus.

A new thing to me in the Hospital was the lecture room for post mortem examinations, a room which would contain one or two hundred

students. I saw there a printed abstract for the guidance of the student in making post mortems, which was headed "Pathological Report," and had printed on it the name of all the parts which it would be at all necessary usually to examine, with blank spaces opposite, to be filled up by the description of the case under examination.

I noticed in the Hospital only one case of interest among the few that were shown to me. This case was one of excision of the head of the femur for anchylosis. After the operation great difficulty had been found in preventing protrusion of the end of the femur, and it had only been overcome at last by restoring the limb to its former bent position, making counter-extension at the perineum, and extension by means of a heavy clock-weight attached by a rope to the knee, the rope passing over a roller on the side of the bed. Abscesses were burrowing down the thigh, and had been opened in several places, but I was told that the man was in better condition than before the operation.

The next letter I shall send to you will probably be from Edinburg.

Very truly, yours,

M. D. Abroad.

NEWS AND MISCELLANY.

Distinguishing Blood-Stains.—Before the coroner's jury in the recent murder case in this city, Professor Leidy gave the following testimony, which will be read with interest:

September 28th to October 1st—Made numerous examinations of blood stains on a piece of oilcloth, and other substances, submitted to me September 27, by officer Schlemm, at the request of Mr. Mann.

Repeated microscopic examinations of the stains exhibited many of the peculiar corpuscles which characterize blood.

Made a number of microscopic measurements of the blood corpuscles of the blood stains.

The blood corpuscles had the circular discoidal shape, and the structure of those of man and other mammals generally.

By comparison with my own blood, dried and treated in the same manner as the stains, the blood corpuscles of the latter were observed to correspond with those of the former, in shape, structure and measurement.

Too much importance, however, should not be given to these facts, as has been by high anatomical authorities, for the blood corpuscles of the horse, ox and hog, closely resemble those of man, and differ only in being smaller. Those of the dog are also of the same shape and structure, and even closely approximate in size the blood corpuscles of man.

The blood of a chicken, in the fresh state, exhibited the oval discoidal corpuscles longer than those of man, and containing an oval uncleus. The chicken blood, dried and treated in the manner of the blood stains, exhibited none of the characteristic oval corpuscles. These had all ruptured in the drying and subsequent solution, but their nuclei remained unbroken. The nuclei were exceedingly abundant, oval, and about half the size of the blood corpuscles of the stains and of my own blood. Excepting these small oval nuclei and some fat globules of no definite size, no corpuscles were observed in the dried chicken blood resembling those of the blood stains.

A number of flattened oval bodies, of variable size, mingled with the blood stains, and bearing a general resemblance to the corpuscles of chickens and other bird blood, by treatment with iodine, turned blue, thus proving to be starch granules, prevalent everywhere as a constituent of dust. No other bodies, resembling the blood corpuscles of chickens' blood observed in the blood stains.

Several small grey and brown hairs, mingled together with dirt in the blood stains, proved, on microscopic examination, to be hairs of the horse. No feathers or hairs, like those of chickens, nor hairs like those of man, were observed mingled with the blood stains. Some small pebbles and chips, with the blood stains, were treated with water. The solution by boiling emitted the odor of blood, coagulated in part, and assumed a dirty, gray appearance; solution of potass dissolved the coagula, and the resulting liquid presented a red color, by transmitted light, a greenish hue by reflected light. This double color has been considered as one of the peculiarities of blood.

Inferences.—That the blood stains strongly resemble, in their constitution, those of human blood; the blood of the dog, the hog, the ox, or the horse; that the blood stains bear comparatively little or no resemblance to those made by the blood of the chicken or other birds.

Physical Education.—There is no better evidence of the attention which is now being given to physical education, among the refined and intelligent classes, than is presented in the gymnastic establishment of Messrs. Hillebrand and Lewis, in this city. Both sexes, and persons of all ages, from almost infancy to advanced years, whether enfeebled or vigorous, are, by a progressive system of exercise, developed to a physical condition which cannot be otherwise obtained.

A visit to the institution during the exercising, will convince any one of the practicability of the means presented for training the body to the highest state of health.

Disease may be defined as a perversion either of the functions, or of the structure of the body, or of any of its parts.—*Hartshorne's Memoranda Medica.*

Consumption of Alcohol.—At the recent meeting of the American Pharmaceutical Association, Mr. Frederick Stearns, of Detroit, Michigan, submitted a paper on alcohol, stating that the Ohio River Valley contributed the largest share of whisky and its derivatives produced in the United States. The amount of whisky which finds a market annually in Cincinnati, is about 500,000 barrels, worth on an average, one year with another, $5,000,000. An estimate of the total product of whisky in the United States, based upon its production in the several States, and not upon the receipts of the large Eastern market, gives 1,500,000 barrels. The total product of alcohol in the United States, is 184,000 barrels, worth over $7,000,000. Of this quantity one-fourth is manufactured in Cincinnati. The manufacture in that city has, however, fallen off at least one-half, since 1858, when it reached its maximum, owing to the foreign demand, which has been nothing since. It is estimated that, until the introduction of illuminating coal oils, by far the largest proportion of the common alcohol produced, was employed in the manufacture of burning fluid; since, however, the largest proportion is employed under the name of pure and proof spirit, in the manufacture of domestic brandy, gin, etc.

In the remarks that followed upon this paper, a statement was made, which was corrobated by several members, that in making Catawba brandy, instead of its being distilled from Catawba wine, as is generally supposed, the mare, consisting of seed, skins and pulp, is placed in a still with ordinary whisky, and distilled, and constitutes the Catawba brandy of Commerce. Catawba wine is $1.50 per gallon, and to produce the brandy from it would cost from $6 to $8, while it is offered at from $2.50 to $4 per gallon.

A Learned Doctor.—A correspondent of the Nashville Journal of Medicine and Surgery, writes as follows:

Below you will find a prescription, or rather directions for taking one, which, if you see proper, you may publish for the edification of the million. The author is one who makes great pretensions to medical learning; cures consumptions, cancers; knows more than any one else; claims to be a regular practitioner. I send you a perfect copy, retaining the original in my own possession:

"put the powders in to a quort of good whiskey take about a table spoon full at atim morning before eatin before Diner at twelv and before Super when half out ad a pint more of whiskey then use all up thes Drops take a tea spoon ful at atim morning and night if ther is more than too axions on the bowels aday tak less of the biters Regulate the doas by the bowels dite eat what ever will a gree with the stumark keep the bowels regular. Jan. 25, 1860.

"Dr. W. G. Gray."

Singular Death by Bees.—From Lautschin, in Bohemia, we hear that, on the 14th of August, the funeral of a man took place who had been stung to death by bees. The deceased was a landed proprietor in Itzbic, about thirty years of age, and, while intoxicated, staggered against his bee-hives. The indignant bees swarmed out by thousands, and completely enveloped him from head to foot; nor did they cease stinging him until life was extinct. In order to remove the body from the neighborhood of these hives, recourse was had to a hand engine to prevent the further onslaught of the bees, and the people were obliged to put on the clothes they wear when taking the honey from the hives, in order to preserve themselves from the fury of the enraged insects. Nor would they relinquish the corpse even of the unfortunate man, until they and it were drenched with water from the engine. The bees were so infuriated that not even birds and other animals escaped their wrath; dogs howled with pain, and terrified chickens and geese, screeching with pain, flew high in the air.

Cure for Burns.—Dr. Franchino, in the *Gazetta Medica Italina*, states that the application of cherry laurel water to burns, cures them with great promptness. Among other advantages, it possesses that of suppressing the pain almost completely, of calming the agitation, the heat, etc. M. Franchino mixes it in proportion of eight parts to a hundred, with solution of gum arabic, and applies compresses soaked in this mixture, upon the burnt surface, after having it previously cleaned, and the phlyctenæ pierced. In order to renew the dressing, the compresses must be softened before their removal, by covering them with other compresses soaked in water.

Curious Case of Monomania.—The following, if not a *canard*, is a curious case of monomania:

A citizen of Berlin, a man in comfortable circumstances, is periodically attacked with a desire to knock off hats. He afterwards makes up the loss to the astonished victim of this strange fancy by the payment of three thalers. According to the calculation of his family, in the past year he has been obliged to make good the loss of two hundred and sixty-seven hats. At a recent musical festival, fifty-three hats were sacrificed to this curious frenzy, and for the evening's entertainment he paid a hundred and fifty-nine thalers.

Dr. Reese's Course on Medical Chemistry will soon commence, embracing about forty lectures. They are to be delivered at the rooms, No. 915 Sansom street. In addition Dr. Reese proposes giving a course of practical instruction in the Laboratory, including toxicology. Applications may be made at the Laboratory of Booth, Garrett & Reese, No. 10 Chant street, Tenth below Market.

Mr. Wharton Jones' Stereoscope for Single Pictures.—The *Medical Times and Gazette* says, that this is a very important and interesting discovery. An ordinary binocular opera glass can be fitted with the stereoscopic glasses. In a landscape thus viewed, the objects represented are all taken in by the two eyes at one glance, and appear to stand out in their relative positions and distances, while the horizontal recession of the distance toward the horizon is very evident. The amount of stereoscopic effect thus given is sufficient to impart to the picture much of the appearance of reality which the real scene, viewed with the two eyes, would have presented; for, in pictures, the objects are commonly represented as seen at some distance, and could not, therefore, have appeared in nature to the two eyes in much stronger relief.

Euthanatopsis.—The late Dr. Theophilus Thompson, in the following beautiful language, concludes his Clinical Lectures on Consumption:

"Am I passing beyond becoming bounds in suggesting the reflection that, while witnessing such transitions from languor and decay into undying life, we may ourselves realize the truth that death is not the end of existence; that it is something grander than human skill defeated; that when art can do no more, and 'friends weep at the vestibule as the spirit passes out of the door,' we may win glimpses of brighter scenes, where the cares and passions of this lower life shall cease to engross, and the germs of opening science shall expand into the fulness of infinite truth."

Velpeau's Opinion of Acupressure.—The Parisian correspondent of the *Lancet* says, that at a recent meeting of the Academy of Medicine, Velpeau stated that he considered acupressure "an uncertain means of arresting hemorrhage, and that it would never supercede the ligature, although he readily admitted the imperfection of the latter means, and thought it most advisable, when possible, to avoid the presence of a foreign body in the wound."

Clinical Instruction in Bellevue Hospital, New York, has, by order of the Commissioners, been made free to students, almost at the same time that a similar course was adopted by the Board of the Philadelphia Hospital. This makes all the Hospitals of New York accessible to students free of charge. It is, we think, high time that the Pennsylvania Hospital should follow.

Illegitimacy in Scotland.—In the Lochee district of the Parish of Dundee, a considerable part of which is rural, 47 births were registered during the quarter ending June, of which 12 were illegitimate, being at a rate of 25 per cent. This is the highest rate of illegitimacy which the Scotch returns show.

Year Book of American Contributions to Medical Science and Literature.—We call attention to this work, the programme of which was published in a previous number. It is to be edited and published by Dr. O. C. Gibbs, of Frewsburg, Chautauqua County, N. Y. Those who wish to secure the work, soon to be issued, if sufficient encouragement is given, should not hesitate to send in their subscription, (3 dollars.) Dr. Gibbs' eminent capacity for this kind of medical literature, is too well known to need any enconium on our part.

Cod-liver oil holds, at the present time, a very high place in the list of analeptics. All medical observers are not of one opinion in regard to its value; but most of them believe it (on the basis of experience in practice,) to be the best and most reliable (where it is tolerated) of all recuperative medicines; not only in consumption, but in all other wasting diseases.—*Hartshorne—Memoranda Medica.*

The Introductories in the medical colleges of this city will be delivered on Monday next, Sept. 8th, as follows:

University of Pennsylvania—Medical Department: Joseph Carson, M. D., Professor of Mat. Med. and Pharmacy; at 12 M.

Jefferson Medical College.—Professor Dunglison, at 7½ P. M.

Pennsylvania College—Medical Department.—Prof. Henry Hartshorne, at 5 P. M.

The International Congress of Chemists held its twelfth annual session, at Carlsruhe, on the 4th of September. The proper means were discarded by which the application of a uniform system of atomic and molecular terms could be arrived at.

Small mortality on the Western coast of Africa.—It would appear from the quarterly report of the head physicians of the French colony of Senegal, that during the last quarter, no death occurred at the hospital of St. Louis.

Prof. E. M. Moore, formerly of Starling Medical College, has been appointed to the chair of Surgery in the Buffalo School, made vacant by the resignation of Prof. Hamilton.

Dr. R. J. Paterson, Superintendent of the Ohio Idiot Asylum, has been appointed Superintendent of the Iowa Hospital for the Insane, at Mount Pleasant, Ohio.

Dr. G. M. B. Maughs, of the Kansas City *Medical and Surgical Review,* has been appointed to the chair of Chemistry and Physiology in the Missouri Medical College.

Dissecting Wounds.—At a recent meeting of the New York Medico-Chirurgical College, Professor Carnochan gave an account of his late sickness—a dissecting wound—contracted while making an autopsy on a dropsical patient, who had also suffered from ovarian troubles, the liver and some other organs being diseased. We give this interesting account as published in the *American Medical Gazette* for October:

"The autopsy was made in some haste, and no opportunity was afforded for obtaining lard or oil for the protection of the hands. The contents of the abdominal cavity were still warm, though life had been some hours extinct. Having laid open the abdomen, and absorbed the accumulated liquids by sponges, the hands of the operator were passed into the cavity, and the diseased organs were sought out and examined. The wound being sewn up, he washed his hands, and as he had not punctured them during the necropsy, nor could perceive any abrasion of the skin, he was not alarmed, when, in the evening of the same day, he felt the ends of his fingers somewhat painful. Next morning the forefinger was swollen, as if affected with felon. Still he would not believe that any trouble was to be apprehended, and no remedial measures were adopted. The inflammation, however, spread, and the pain increased. The following day the malady seemed to be gaining ground, and in the evening the swelling extended to the wrist. He naturally became alarmed, and soaked his hand in ley, but it was too late; the virus had been absorbed, and the symptoms continued to increase in intensity. The lymphatics became much enlarged, and the limb generally swollen. Irritative fever supervened, and suppuration commenced about the hand, accompanied with considerable hardness in the affected parts. He called in some of his medical friends, and after consultation, openings were made on the forefinger, the back of the hand, and higher up on the arm. The evacuation of the pus did not diminish the pain, but, on the contrary, seemed sometimes rather to aggravate it. After one of the incisions he became perfectly prostrated with agony, the digital nerve being probably in part divided. As the disease progressed he became typhoid, probably from the absorption of the virus, and was treated with brandy, quinine, and stimulants. Symptoms of pyæmia also appeared. The brain was stunned, and he remembers scarce anything for two weeks. By degrees the malady spent its force, and the pain began to subside; but the amelioration was slow, and very different from that of ordinary traumatic lesion. The constitutional symptoms, also, slowly abated.

Of the special points of interest in the case, one was the zymotic influence of the virus. It seemed to have a power of generating new morbific corpuscles, and propagated itself in all directions with considerable rapidity. Thus the inflammation speedily invaded the whole of the hand, stiffening the fingers, so that fears were entertained that the use of that member might be entirely lost. Thence it spread upward through the limb, but happily it was arrested before invading with any considerable virulence the axilla, which was the principal seat of suppuration in the recent lamentable case of Dr. De Sa, a young Brazilian physician, who recently died at Paris from a dissecting wound in the thumb.

After one of the incisions, Dr. Carnochan felt spasmodic twitchings in various parts of the body; and the muscles, especially of the calf of the leg, contracted violently, causing much pain. The temporal muscles were also affected, and there was a consequent stiffness about the jaws, and a hardness about the zygomatic arch. These symptoms, which seemed initiatory of tetanus, happily soon passed away. In the case of Dr. De Sa no such spasms occurred, though he, as well as Prof. Carnochan, was so tormented with pain that sleep was impossible, except when procured by morphia or other narcotics. The pain resembled that of neuralgia, and was probably due, in part, to pressure made on the nerves, through the hardening and contraction of the exuded products of inflammation poured around them. Hence, in proportion as the nerves became accustomed to these new conditions, their abnormal sensibility was diminished, and the pain gradually became less intolerable.

It is remarkable to how great a degree the state of health of the recipient controls the effects of dissecting wounds. In both the cases we have mentioned, and in nearly all others that have come to our knowledge, the infected constitution was suffering at the time from irritability or diminished health. Usually, also, the virus has been received from a recent subject."

Cold versus Heat.—The annual deaths by cold and by burns in this country follow a curious law of progression when their frequency is compared with the temperature of the year. Thus the temperature of 1855 was low, and in that year deaths by cold amounted to 195, and deaths by burns and scalds to 3,177; and in the year 1857, the temperature being high, the deaths by cold did not exceed 45, and by burns 2,717.—*Lancet.*

Dr. Geo. T. Elliot has resigned his Lectureship in the College of Physicians and Surgeons, New York.

☞ In consequence of an accident in the press, the publication of our last issue was delayed, causing its distribution in this city and by mail to be irregular, for which we apologize to those concerned.

Army and Navy.—Assistant Surgeon Thomas J. Charlton has been ordered to the Naval Hospital, Chelsea.

Assistant Surgeon A. S. Garnett has been detached from the Navy Yard at Washington, and ordered to proceed by steamer of 5th October from New York to Key West, and report for duty on board the United States steamer Wyandotte, as the relief of Assistant Surgeon Stewart Kennedy.

Surgeon W. S. W. Ruschenberger has been ordered to proceed to Norfolk, to report for duty on board the steam sloop Richmond.

Assistant Surgeon J. W. Sandford, Jr., has been ordered to proceed to Key West by steamer of 5th of October, to relieve Assistant Surgeon H. L. Sheldon, of the U. S. steamer Crusader.

Assistant Surgeon J. Vansant, Medical Department, has been assigned to temporary duty Ilet Fort Daas, Oragon.

Correction.—The "typos" last week made several ludicrous blunders, which escaped our proof-reader, but which, it is presumed, our readers corrected for themselves. Under the head of proceedings of "Philadelphia County Medical Society," remarks of Dr. Mayburry, at page 540, ninth line from bottom, in the first column, for "*considerations*" read *consideration*, and in the following line for "*cover*" read *occupy*. In the next column, on the same page, for "*in utero*" read *in utero;* for "*nitra-uterine*" read *intra-uterine;* between "$500" & "*imprisonment*" insert *and;* for "*month's*" read *months;* for "*purticulor,*" *particular;* for "*osi uteri*" read *os-uteri*, and for "*tampen,*" *tampon*. The sentence beginning with "In" after the phrase "*not exceeding three years*" ought to be a new paragraph.

—o—

Answers to Correspondents.

D. E.—Artificial leeches, of an improved construction, are made by the surgical cutlers in this city. They are not complicated or very costly, but practically we know nothing of them. They are probably not much in use.

M. D.—The influence of freshly painted walls in producing lead poisoning in those sleeping in the rooms, though not well understood, has had evidence presented in its favor. An infant in the family of a medical practitioner in this city, some months ago, exhibited all the ordinary symptoms of lead poisoning, as palsy, spasm of abdominal muscles, etc., after having occupied a newly painted room. If interested in the subject, we can refer you to the practitioner alluded to.

E. R.—Refer to Hamilton's or Malgaigne's treatise on fractures, to the medico-legal works of Elwell, and Wharton and Stillé, and consult a lawyer.

Student.—Get from the college a list of textbooks recommended, and send to the publishers for a price catalogue.

DEATHS.

Burton—In Lansingburg, N. J., of typhoid fever, on the 23d September, Dr. Casper Van Wie Burton, in the 51st year of his age.

Dr. Burton was born in Albany, where his father still resides. He was a pupil in medicine of the accomplished Dr. Brinsmade, of Troy, and a graduate of the Albany Medical College.

For nearly twenty years he has resided in the beautiful village of Lansinghburg, on the Hudson, where he was born, extensively engaged in professional life, and until a few days since, when he was seized with the malady which terminated it, in the very meridian of its vigor and usefulness.

Dr. Burton was warmly devoted to his profession, and maintained in it the position of an unassuming gentlemen and an accomplished physician. He attained with his professional brethren the reputation of a judicious counsellor and a skillful practitioner. His nature was generous, social, warmhearted, so that he was not only deservedly popular, but greatly beloved by the whole community in which he lived, and it unaffectedly mourns the great loss it has sustained in his death. "Truly may it be said of him, that an eminently good man has fallen."

Of several children, the eldest is Dr. Nathan H. Burton, of Troy, upon whom may there rest the mantle of his father's virtues. L. D. W.

—o—

Communications Received.—*District of Columbia*, Dr. G. M. Dove, (with encl.)—*Iowa*, Dr. W. F. Potter, (with encl.,) Dr. J. H. West, (with encl.,) Dr. Geo. Reeder, (with encl.)—*Indiana*, Dr. L. D. Personette, (with encl.)—*Kentucky*, Dr. C. S. Abell—*Louisiana*, Dr. Benedict—*Mississippi*, Dr. J. W. Spillman, (with encl.)—*New York*, Dr. MacNicholl, (2,) Dr. Ormiston, (with encl.,) Mr. C. T. Evans, Dr. J. B. Hayes, (with encl.,) Dr. S. D. Williard, Dr. O. C. Gibbs—*New Jersey*, Dr. Max Kuechler, (2,) Dr. R. M. Bateman, Dr. Thos. Johnson—*Ohio*, Dr. C. Welch, (with encl.,) Dr. P. H. Clark, (with encl.)—*Pennsylvania*, Dr. R. Brown, (with encl.,) Dr. A. P. Dutcher, Dr. J. Y. Shindle, (with encl.,) Dr. Wm. Anderson, (with encl.,) Dr. Robert H. Patterson, (with encl.,) Dr. E. H. Pentz, (with encl.,) Dr. L. Wachter, (with encl.,) Dr. J. G. Duncan, (with encl.,) Dr. E. R. Early, (with encl.,) Dr. A. B. Dill, (with encl.,) Mr. W. E. Chapman—*Tennessee*, D. G. R. Schriven, (with encl.)

Office Payments—Dr. H. S. Jacoby, (Pa.,) Dr. B. M. Collins, (Pa.,) Dr. F. R. Gregory, Dr. Fonday, Dr. S. C. McCormick, (Pa ,) Dr. R. C. Hayes, (Pa.,) Dr. G. Y. Shoemaker. By Mr. Swaine: Dr. P. W. Russell, Dr. P. M. Lyons. By Mr. Hulme: Drs. A. D. Markley, J. Lambert, J. G. Mensch, N. Applebach, S. R. Keeler, A. F. Shelly, S. J. Funk, B. C. Walter, F. A. Kitchen, A. Stout, W. F. Martin, H. Riegel, W. E. Barnes, G. J. Scholl, W. H. Crawford, G. Klinefelter, C. B. Warrington, C. Sellers, J. H. Dickenshied, J. S. Shimer, S. R. Rittenhouse, W. Herbert, J. H. Helfrich, C. E. Shoemaker, J. Kern, G. S. Kast, D. K Shoemaker, J. G. Obl, A. A. Ziegenfuss, J. H. Wythes, R. C. Fruit, S. W. Trimmer, R. H. Tubbs, J. J. Rogers.

MORTALITY OF CITIES DURING THE WEEK ENDING SEPTEMBER 22, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	188	480	.....	149	.....	.....	.....	34	.....	.....	.....
Males	.....	253	.....	88	.....	.....	.....	.....	.....	.....	.....
Females	.....	227	.....	43	.....	.....	.....	.....	.....	.....	.....
Sex not stated	188	.....	.....	18	.....	.....	.....	34	.....	.....	.....
Whites	182	475	.....	134	.....	.....	.....	21	.....	.....	.....
Black and colored	6	5	.....	15	.....	.....	.....	13	.....	.....	.....
United States	140	330	.....	58	.....	.....	.....	.....	.....	.....	.....
Foreign countries	39	150	.....	91	.....	.....	.....	.....	.....	.....	.....
Nativity unknown	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	89	265	.....	52	.....	.....	.....	11	.....	.....	.....
5 to 10 years	11	15	.....	4	.....	.....	.....	.....	.....	.....	.....
10 to 20 "	7	17	.....	6	.....	.....	.....	4	.....	.....	.....
20 to 50 "	46	126	.....	41	.....	.....	.....	15	.....	.....	.....
50 and over	35	53	.....	19	.....	.....	.....	4	.....	.....	.....
Unknown	.....	4	.....	27	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	2	6	.....	2	.....	.....	.....	.....	.....	.....	.....
Cholera Infantum	8	49	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	1	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	16	.....	8	.....	.....	.....	.....	.....	.....	.....
Diphtheria	7	12	.....	3	.....	.....	.....	.....	.....	.....	.....
Dysentery	4	12	.....	4	.....	.....	.....	2	.....	.....	.....
Erysipelas	3	2	.....	1	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	1	1	.....	3	.....	.....	.....	2	.....	.....	.....
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
" typhoid	6	4	.....	3	.....	.....	.....	4	.....	.....	.....
" typhus	1	9	.....	.....	.....	.....	.....	1	.....	.....	.....
" scarlet	10	20	.....	.....	.....	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	1	.....	.....	.....	3	.....	.....	.....
Hooping Cough	3	7	.....	2	.....	.....	.....	.....	.....	.....	.....
Measles	.....	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	1	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	1	2	.....	2	.....	.....	.....	.....	.....	.....	.....
Congestion of Lungs	.....	3	.....	.....	.....	.....	.....	3	.....	.....	.....
Consumption	21	72	.....	10	.....	.....	.....	1	.....	.....	.....
Pneumonia	5	16	.....	2	.....	.....	.....	.....	.....	.....	.....
Hemorrhage from Lungs	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	2	10	.....	2	.....	.....	.....	1	.....	.....	.....
Convulsions	9	25	.....	18	.....	.....	.....	2	.....	.....	.....
Congestion of Brain	5	7	.....	2	.....	.....	.....	2	.....	.....	.....
Disease of Brain	3	.....	.....	1	.....	.....	.....	1	.....	.....	.....
Delirium Tremens	.....	2	.....	1	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	3	12	.....	1	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	4	8	.....	.....	.....	.....	.....	1	.....	.....	.....
Paralysis	.....	3	.....	.....	.....	.....	.....	1	.....	.....	.....
Tetanus	1	.....	.....	4	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	6	3	.....	3	.....	.....	.....	1	.....	.....	.....
Phlebitis	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	2	9	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hepatitis	2	3	.....	1	.....	.....	.....	1	.....	.....	.....
Inflammation of Throat	3	2	.....	1	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	7	6	.....	7	.....	.....	.....	2	.....	.....	.....
Marasmus	15	54	.....	4	.....	.....	.....	1	.....	.....	.....
Peritonitis	2	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	1	7	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Cancer	2	2	.....	1	.....	.....	.....	.....	.....	.....	.....
Dropsy	5	11	.....	3	.....	.....	.....	.....	.....	.....	.....
Debility	6	4	.....	4	.....	.....	.....	1	.....	.....	.....
Fever	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Scrofula	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseased Womb	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	6	13	.....	13	.....	.....	.....	.....	.....	.....	.....
Poisoning	.....	2	.....	.....	.....	.....	.....	1	.....	.....	.....
Suicide	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	9	.....	.....	7	.....	.....	.....	.....	.....	.....	.....
All other causes	17	36	.....	22	.....	.....	.....	3	.....	.....	.....

HARRIS—At Baltimore, September 29th, Professor Chapin A. Harris, M. D. The Baltimore *Patriot* says:

In the death of Professor Chapin A. Harris, science loses who had, in the particular branch to which he dedicated his labors, no superior. He was born in Western New York, (Onondaga county,(in 1806, graduated in medicine in 1829, the practice of which, in a short time, he resigned, to devote himself exclusively to the science and practice of dental surgery. In this he had no equal. He raised that profession, both by his writings and example, far above the place it had up to this time held, through the neglect and ignorance of its practitioners; and by his continued efforts and his scientific developments, he gave it an honorable position. To that profession he is thoroughly well known, both by his writings and by reason of the fact that as chief of the Baltimore College of Dental Surgery, he has helped to instruct and form some its most useful members. Dr. Harris was not better known, though more widely, for these labors and qualifications, nor more respected than he was for an amiable, hind-hearted disposition, and the most exemplary virtues of private life.

"Every Member of the Profession should possess a copy, even although he owns the original."—*Brit. Am. Med. Jour.*

EPITOME

OF

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 208. } PHILADELPHIA, OCTOBER 13, 1860. { NEW SERIES VOL. V. NO. 2.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Crystalline Lens and its Diseases.

Delivered at the Howard Hospital,

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to the Hospital.

The crystalline lens lies immediately behind the iris, partially imbedded in the anterior surface of the vitreous humor, and is held *in situ* by the elastic suspensory ligament from the hyaloid membrane. In man it is a double convex lens. According to Petit, the diameter of the lens is about four or four and a half lines, and its axis two lines in length; according to recent careful measurements, however, by Mr. Thomas Nunneley, of Leeds, England, the diameter is ·31 to ·36 of an inch, and its axis measures from ·18 to ·22 of an inch. The axis of the lens is a line, drawn from the centre of its anterior surface to that of its posterior. The diameter is a line drawn across from one point of the margin to the opposite, so as to divide the junction of the two surfaces. The posterior surface of the lens, according to the same authority, is nearly, but not absolutely, a hemisphere; while the anterior is a segment of a much larger sphere! it being on this surface that the variations, at different ages in the individual, and in different creatures, take place much more than in the posterior surface of the lens, a point of no little importance to the ophthalmic surgeon.

The specific gravity of the human lens in man, is - - - -	1.1304
The specific gravity of the human lens in woman, is, - - - -	1.0967
According to Chevenix the sp. gr. of the human lens, - - - -	1,0790

The recent lens is as clear as crystal, and is closely enveloped in a transparent, elastilc capsule. The density of the lens, increases from its margin to its centre, though apparently homogeneous, its structure is like the cornea, when minutely examined, found to be most beautiful and elaborate. The body of the lens is capable of being separated into layers or lamellæ, like the coats of an onion. These layers are, however, limited by certain determinate lines, which radiate from the centre, and pass from one surface or pole to the other. The primary number of these lines seems to be three. They occur on both sides of the lens; those, however, on the posterior surface, instead of being opposite to those on the anterior, lie between them. The laminæ of the body of the lens are beautifully constructed of flat-toothed fibres, laid side to side. This arrangement is remarkably evident in the lens of the cod fish, in which it was first discovered. If the lens is placed in boiling water, its outer portion at once becomes opaque, but the centre becomes like transparent horn.

In order to examine the lens microscopically, it should be rendered opaque by boiling water, and hardened by alcohol and chromic acid, diluted with water. In the opaque lens the fibres have undergone degeneration; they are broken up, and are granular. No vessels or nerves can be traced in the lens or its capsule, but during fœtal life, and up to the period of birth, both contain vessels.

The capsule is not affected like the lens by heat, alcohol, or chromic acid; but the slightest puncture renders it opaque. It is so elastic, that when cut, it curls up; in physical character it resembles the elastic layer of the cornea. It has a single layer of epithelial cells upon its inner surface. It is never absorbed like the crystalline lens, even if cut up by the surgeon's knife; it simply curls up, and is removed often with much difficulty from the axis of vision.

THE DISEASES OF THE LENS AND ITS CAPSULE.

In childhood and youth the lens is almost free from color, but in old age it becomes of an amber hue.

The lens is occasionally broken by violence and, thereafter, becomes absorbed; or, if punctured by a sharp instrument, as a needle, the instrument, in making the wound and causes opacity of the lens, and admits the aqueous humor, which in time dissolves it and causes it to disappear. In cases in which this condition of things is suspected, by dilating the pupil with atropia and employing the "catoptric test," we can assure ourselves whether the lens is in place or not.

When the lens is dislocated and presses against the iris, it is apt to be followed by general inflammation of the eyeball. The case should be treated with the free application of ext. belladonna and depletion; if these means fail, the lens should be removed by a small incision in the cornea.

Wounds of the crystalline lens are carefully treated by W. Cooper.* We shall quote two cases related under this head:

"F. M., aged eight, was brought to St. Mary's July 19th, 1858. On the previous day he was looking into the muzzle of a toy gun, which he had charged with a piece of wood having a needle stuck in it, when the gun accidentally went off, and the needle entered the right cornea, near its centre, where it remained until pulled out. When I saw the eye there was a general sclerotic blush, and the iris, naturally gray, had a greenish tinge; a hazy point on the cornea indicated the seat of the wound, and corresponding therewith was a hazy point in the capsule of the crystalline lens, close to the margin of the contracted pupil. Simple treatment was adopted, and on July 26th the eye was quite free from inflammation, the iris of a natural color, but adherent to an opaque spot in the capsule; the lens was perfectly clear, and I thought the case would be one of those exceptional instances in which the lens escapes opacity, but I was mistaken. After the lapse of a month, the sight became impaired, and an unmistakeable gray film occupied the pupil. This I watched, and saw it gradually increase in opacity, but very slowly, so that three months elapsed before traumatic cataract was fully developed; the opaque spot in the capsule remained unaltered; the pupil was disengaged by atropine."

"T. W., aged eight years and a half, was brought to St. Mary's July 31, 1858. A fortnight previously he was looking through a keyhole, when a boy on the other side thrust a pin through and wounded his right eye. There was much pain; and the eye was poulticed with a mess, in which bruised snails formed an ingredient. The cornea now presented a wound near its centre, still open, and surrounded by a considerable haze; the iris, naturally hazel, was dark, reddish brown, and in contact with the cornea; the capsule of the lens was opaque, and the pupil, reduced in size and of a narrow crescentic form, was adherent to it. There was much venous congestion of the conjunctiva and sclerotica, and a purple zone surrounded the cornea.

"The child was feeble, and not in a condition to bear powerful treatment. Two leeches were applied, and gray powder, with sesquioxide of iron, administered twice daily: the eye to be frequently fomented with a belladonna lotion, and the brow to be rubbed with extract of belladonna and opium. At the expiration of a week great amendment was visible. The vascularity had diminished, and the iris had, to a considerable extent, recovered its natural hue. The mercurial was, after a time, suspended, and quinine with iron substituted. The eye gradually lost its inflammatory condition, but the pupil remained closed."

All inflammatory action taking place in the lens produces opacity. By the term *cataract* we now understand opacity of the lens or its capsule, or both; cataracts are divided into "lenticular and capsular, or capsulo-lenticular. Thus, in one eye we may have simply commencing opacity in the centre of the lens, while in the other eye we may have the full, ripe cataract, involving both capsule and lens. Still there are good authorities who deny that the capsule becomes opaque, as Stellwag,* of the General Hospital of Vienna, who, after a careful examination of about fifty cataracts with apparently opaque capsules, states that in every instance the opacity was produced by matter *attached to the lenticular surface* of the capsules, not being deposited in the very tissue of the capsules themselves. Yet we see, frequently, eyes, in the congenital cataract of children, in which there is nothing but a white, chalk-like capsule remaining, the whole of the lens being absorbed, or after the division of the lens by the needle, when the capsule has been cut up into shreds, it has lost all transparency. This may be the result of the

* White Cooper on Wounds and Injuries of the Eye, pp. 118, 119.

* Die Ophthalmologie, etc., 1853-8.

operation, but in the congenital cases there was no lens left.

I like the term "Nuclear" and "Cortical," as suggested by Mr. Dixon,* as very convenient to distinguish two grand divisions of cataract.

"The *nuclear* form is that met with in old persons either alone or (much more frequently) in combination with *cortical* opacity.

Under the head of *cortical cataract* would be arranged:—

1. That congenital kind characterized by a single white dot, (cataracta centralis,) or cone, (cataracta pyramidata,) corresponding to the middle of the pupillary space.

2. That rarer form, occurring both in childhood and at adult age, which exhibits itself in irregular opaque patches on the anterior or posterior surface of the lens, and immediately within the cavity of the capsule. These have hitherto been described as opacities of the anterior or posterior capsule itself.

3. That which is the most common cataract of middle age, and even of old age, commencing as opaque striæ at the edge of the lens, and thence converging along its anterior and posterior faces.

The softening process, which sooner or later involves all cataracts, (or opacities of the lens,) is invariably cortical in its origin, the nucleus being always the last portion to undergo solution." The two important marks for the (student) to keep in mind, as indicating the composition of a cataract, are:—(1) striated, radiating opacity; and (2) irregular patchy, or mottled opacity. The former always shows that the fibres of the lens still retain, to a certain extent, their natural arrangement, however they may be here and there broken down, or otherwise changed, and mixed with granular, earthy, or fatty matter. The latter appearance is a proof that the superficial fibres have been softened down into a pulp, and mixed up with the substances I have just enumerated.

In congenital cataract, we have the same forms as in the adult, only on a more minute scale, and the most frequent form is that according to Mr. Dixon, in which the whole area of the pupil, in its natural state, is occupied by a grayish-white, faintly-striated opacity. The rarest form is that in which a limited deposit occurs among the cortical fibres of the lens on its anterior or posterior surface and in but one eye.

In such a case, Mr. Dixon operated by *keratonyxis*, (or the operation for removing the cataract by solution, in which the needle is introduced through the cornea,) when the child was only six months old and the case did perfectly well.

In the "nuclear or lenticular" form of cataract commencing in a lens previously healthy, the patient complains that all objects appear as if seen through a slight fog or cloud. This occurs more in the bright day-light, but at twilight, when the light is moderate, the vision becomes distinct.

The cause of this is owing to the reduction of the size of the pupil by the bright rays of light, causing the light to fall upon the dense central opacity. This form of cataract is much improved by the use of belladonna or atropia. There is also no injury resulting from its use even for years, as will be seen by the following case, which I extract from Mr. Dixon's work:—"A man, about forty years of age, has had cataract in both eyes from birth. The left lens is not only very opaque at its centre, but the peripheral portion is also slightly cloudy. With this eye he can discern large objects, but cannot distinguish type. In the right eye, the area of the pupil, while in its natural state, is also wholly occupied by a pretty dense opacity; but when he uses atropine, a perfectly clear portion of lens is brought into view, and he not only is able to read, but to do the fine work of a watch finisher, adjusting even the delicate works of Geneva watches. He has used belladonna or atropine during the greater part of his life, without any impairment of the natural motory power of the iris having resulted."*

The progress of the cataract is usually slow, yet in a case reported by Tyrrell, "the patient, who could on one morning read a moderate sized print, with tolerable ease, on the following morning could only distinguish light from darkness: the lens having become perfectly opaque in the interim. This case occurred in a gentleman of highly nervous temperament."

In the early stage of this disease, some advantage is gained by the use of glasses tinged blueish, black, or very dark green.

In soft cataract, the most frequent appearance is that of a whitish, glistening surface, with a slight tinge of blue, closely resembling a mixture of milk and water; sometimes the surface of the opaque body appears flocculent, like that of a recently-broken piece of spermaceti.

* Practical Study of Diseases of the Eye, by James Dixon, pp. 215–219.—*English Edition.*

* See a case reported in the Medical and Surgical Reporter, vol. IV., p. 537, in which occasional use of atropia was found very beneficial.

The aspect of the fluid cataract is occasionally like that of cream, being white, with a very slight tinge of yellow; when such form a of cataract is examined with a double-convex lens when the pupil is fully dilated, opposite a good light, the opaque body will then be found to project most at the lower part.

The cortical or capsular cataract has a dense, white aspect, like unglazed paper, or the surface of an egg-shell of the common fowl; it is to be distinguished from opacity of the lens by its greater density, by its want of any glistening appearance, and by its position, as it appears almost in contact with the pupillary margin of the iris. If the pupil be dilated and the whole capsule is affected, it has a uniform character without flocculi or radii. Tyrrell also remarks that he does not recollect to have seen even partial disease of this kind, independent of disease of the lens, excepting when congenital.

Diagnosis.—The symptoms of cataract, says Mackenzie, as indeed of all diseases, are *subjective* and *objective*; that is to say, they consist either in certain feelings which the *patient experiences*, as impaired vision, headache, giddiness, &c., or in certain changes which the *observer perceives* in the form, color, texture, consistency, vascularity and mobility of the different parts of the organ of vision. Both sets of symptoms will require to be very closely examined in suspected cases.

COMMUNICATIONS.

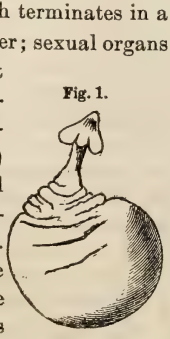
The Present State of Ophthalmoscopy.

By Max Kuechler, M. D.,
Of Newark, N. J.

No. 10.

Cysticercus in the Eye.—The *cysticercus cellulosæ*, or bladder flesh worm, is 3 to 8 lines long, has a small head, somewhat similar to that of the *tænia solium* a short neck, which terminates in a serous bag 2 to 6 lines in diameter; sexual organs are wanting. This parasite, at the present time generally looked upon as a migratory embryonic tape-worm, is always, (?) surrounded by a newly formed fibrous capsule, which lies between the muscular fasciculi. It is found *singly* or in large numbers in muscles or in the cellular tissue, and causes scarcely any pathological phenomena (?). Sometimes the animal dies, and the sac is filled with calcareous matter. (Förster's path. Anat., p. 539.)

Fig. 1.



The cysticercus cellulosæ occurs in various parts of the eye. Up to the present time it has been observed in the conjunctiva, the anterior chamber, the vitreous body, upon or in the retina, and between the retina and choroid. We shall consider each of these particular cases.

1. Cysticercus upon the conjunctiva bulbi has most frequently been observed by Professor Sichel of Paris. It can be seen by the unarmed eye in the form of a tumescent, yellowish elevation, over which the conjunctiva is situated. In a rigid differential diagnosis it is necessary not to confound it with some of the many tumors found upon the conjunctiva; among these are especially the atheromatous, fatty or hairy dermoidal tumors, which are generally situated at the corneal periphery, and which Sichel calls tumeurs fibreux fibro-grasseux. The cysticerci are not generally situated at the corneal margin, and by their habitus and their mobility render a differential diagnosis more easy. By excision the entozoon may easily be removed.

2. If the cysticercus is situated in the anterior chamber it also does not become the subject of ophthalmoscopic examination. It is observable by the unarmed eye; and, in a case observed and described by Græfe, the body of the entozoon was lying in the pupil, while the head was impacted between the anterior surface of the iris and the membrana Descemeti corneæ. The motions of the animal are distinctly visible; the iris is congested, discolored; and this irritative condition may result in iritis. The aqueous humor offers a diffuse opaqueness. The parasite, in the case of Græfe, was removed by an incision similar to the *extraction lineaire* of Desmarres; the iris regained its natural color, and after the lapse of a few hours, its irritative condition ceased; the turbid aqueous humor escaped, and the chamber was soon refilled by a perfectly clear fluid.

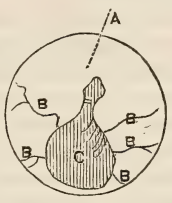
Fig. 2.

The extracted cysticercus, placed in warm water, continued to move for the space of ten minutes. The cyst was perfectly round, $1\frac{3}{4}$ lines in diameter, whitish opaque, but strongly translucent; the neck about 3 lines long, and between $\frac{1}{2}$ to $\frac{1}{3}$ lines wide; the head, with its suck-

ing mouths, measured about 3-5 of a line in diameter.

3. In the vitreous body, the cysticercus has been observed at various points. In the cases so far recorded, it has always been enveloped in a membrane. When very young, however, the animal is said to want this enveloping membrane, which is formed as it progresses in its development. It is said, even, that older animals are invested in several membranous investments. The opthalmoscope alone has the merit of enabling us to make a diagnosis of the cysticercus in this locality. It reveals the parasite as a bluish-green bladder, with similarly tinged head. The enveloping membrane gives it a grayish misty opaqueness. Very frequently the movements of the animal can also be observed; though it is asserted by Græfe, that he has seen cases, undoubtedly of cysticercus, where, absolutely, no movement whatever could be detected. Once, in a case where the cysticercus was lying behind the lens, and turned somewhat toward the sclerotic, Græfe performed its extraction, in which he succeeded completely at the second attempt; the only accident being, that as the sac was carried through the incision in the scleroid, it burst and discharged its contents. The opthalmoscopic image, after the recovery, is thus described by Græfe:—

Fig. 3.



A. Fundus of the Eye.
B. Vessels from the optic papilla.
C. Cysticercus.

"At the former seat of the extracted cysticercus, a feebly-transparent yellowish, membranous opacity was seen, which seemed to cover the cavity of the vitreous body like a precipitate. From this membrane, membranous cylinders are seen to extend through the vitreous humor to the wound in the sclerotic, indicating the course of the instrument during the operation." These, of course, were opacities of the cornea. Such changes in the vitreous body are induced by the presence of every cysticercus; and these opacities may lead to complete blindness. The iris sometimes becomes sympathetically affected when one of these parasites is present in the vitreous body,—it discolors, becomes congested and dilated, and the aqueous humor may become opaque.

4. Upon or behind the retina, the cysticercus has also been seen at different times, and been carefully observed with the ophthalmoscope. Here also is seen a circumscribed tumescent elevation of a greenish blue tint. The sac is more or less round, and the neck and head of the parasite are seen attached to it. In all the cases on record, movements of the entozoon have been observed. The cyst contracts and dilates alternately; the head retracts and projects in a similar manner. If the cysticercus is situated upon the retina, the retinal vessels at that point will not be visible, while they are seen running over the animal, if it is imbedded between the choroid and retina. Opacity of the vitreous humor frequently results from retinal cysticercus, and also detachment of the retina. In such cases strong *photoptic* phenomena were frequently experienced by the patients who saw the outlines of the cysticercus in a dark room, and when the eye was shut—another proof of the old axiom, that retinas, functionally nearly dead, may, upon pressure or electric excitation, sometimes react in a comparatively energetic manner. As another result of retinal cysticercus, atrophy of the bulbus is mentioned.

In order to destroy the cysticercus, it has been proposed, after dilating by atropia, to pour anthelmintics into the eye—the former on the theory that atropia would loosen the laminæ of the membranes of the eye, and hence render an absorption of the anthelmintics more certain. This method of destroying the parasite has, however, not been found successful.

It has also been asserted that cysticercus occurred with especial frequency in countries in which the tænia was indigenous, and it has indeed been found, that in the majority of cases observed and recorded, *tænia*, or other entozoa, were found in the same patients. In a number of cases, however, of cysticercus of the eye, no other entozoa could be found.

This concludes what is known of the cysticercus in its ophthalmoscopic relations at the present time. It would afford me pleasure if the hints here given would, with an accurate and conscientious examination, lead the reader to detect and publish a description of this curious and interesting parasite.

Of all the methods of keeping a patient warm, the very worst is certainly to depend for heat on the breast and bodies of the sick. I have known a medical officer keep his ward windows hermetically closed — thus exposing the sick to all the dangers of an infected atmosphere, because he was afraid that, by admitting fresh air, the temperature of the ward would be too much lowered. This is a destructive fallacy.—*Florence Nightingale.*

Mortuary Record of Sussex County, Delaware, with Remarks on the Prevalence of Typhoid and Remittent Fever.

By D. W. Maull, M. D.,
Of Georgetown, Del.

Statistical information recently elicited, which, if it does not develop fully and with precision, the hygienic *status* of the county, in determining the degree of the prevalence of diseases and their general character, at least exhibits partial results of that condition by the aggregate of mortality attendant upon the operations of the morbific states, which affected the community within a given period of time. Such knowledge, amassed from the vital statistics, cannot be otherwise than valuable and important, since it becomes an exponent of the relative mortality of various sections of country and of the comparative ratio of longevity.

Sussex county has a population of 29,509 souls; of this number 1,195 are slaves. The death recorded within one year, dating from the 1st of June, 1859, to the 1st of June, 1860, were 340; of those that died, 163 were males and 177 females. By this it will appear that the per centum of deaths to the population was 1.38.

The causes which induced this loss of life may thus be summed up:—Consumption, 49; pneumonia, 16; whooping cough, 2; croup, 20; disease of the throat, 5; pleurisy, 3; catarrh, 4; bronchitis, 1; disease of the liver, 5; dysentery, 16; gastritis, 2; dyspepsia, 3; diarrhœa, 4; Cholera morbus, 1; cholera infantum, 1; colic, 3; jaundice, 1; thrush, 1; marasmus, 1; typhoid fever, 24; remittent fever, 6; yellow fever, 1; chicken pox, 1; small pox, 1; scarlet fever, 8; erysipelas, 2; measles, 1; scrofula, 1; cancer, 7; dropsy, 13; gravel, 3; cystitis, 1; dentition, 3; paralysis, 10; inflammation of the brain, 6; spinal disease, 1; convulsions, 9; tetanus, 1; mania á potu, 1; disease of the heart, 2; rheumatism, 3; worms, 1; old age, 8; hernia, 1; abscess, 2; mortification, 1; suicide, 1; burns, 5; childbirth, 11; drowned, 3; injuries, 4; fright, 1; violence 2; accidental poisoning, 1; unknown, 43.

One must needs be impressed with the ratio of consumption, and of diseases of the respiratory system generally, to the entire list of other affections, for it will be observed that the proportion of deaths from phthisis, as to the others aggregated, is 14 per cent., whilst the deaths from the disorders of the respiratory apparatus is at least 33 per cent. of all, or as 1 to 3. This degree of mortality incident to affections of the air passages, is due to the climate, which at times is variable in the extreme, and especially in those months during which we naturally anticipate functional derangements of those organs, for we find that a large proportion of them occurred during the winter and spring months, when the variations are greatest and most frequent.

One fact, which must become apparent to the mind of any one who has instituted an examination of the returns for this county, is the frequency of deaths from consumption among the blacks, as compared with the deaths from this cause among the whites. This difference is chargeable in part to the circumstance of more frequent exposure upon the part of the negro, and the want of means, dietetic and medicinal, to resist the encroachments of the malady in its incipiency. From the general surroundings of this class of population, the course of the disease is commonly not so protracted as its duration in the white; they succumb much sooner to its ravages.

Again, in this connection, it has been presumed, from the evidences frequently presenting themselves to the attention of the observer, that consumption was slightly on the increase in this county. This is no longer a presumption, but a fact; for the census of 1850, together with the recent one, attests it. Thus we find, from those portions of the census of 1850 for this county accessible, that, in 152 deaths recorded, only 15 deaths from consumption are noted, making only ten per centum, denoting within the past decade an increase of four per centum in this disease; to what this increase is due, we are unable to determine—whether to climatic modifications or to non-natural influences, we will not hazard an opinion; the fact remains the same, though the agencies are unknown.

Another development which is impressive, and at the same time somewhat startling, is the number of deaths from typhoid fever recorded; and when we take into consideration the fact, that, in addition to the fatal cases chronicled, there must have been, according to the laws of pathology, many cases the termination of which was favorable, an idea may be had of the prevalence of this disease in the county. We observe, from the preceding synopsis of causes, 24 deaths from typhoid fever noted—thus constituting a per centum of 7 to the entire number

of fatal cases from all sources. In the partial returns for 1850, above alluded to, we find not a death in 152 from this disease, though two deaths from *typhus* fever are noted.

En passant, typhoid fever, it may be declared, is evidently increasing in frequency in Sussex—appearing to manifest a disposition to supplant our remittent fevers and to obtain a foothold among us. It has been but within late years that it has obtruded itself upon the attention of the practitioner; now it is making slow, but sure, advances, and the probability is, that the time is not far distant when this disease, an exotic, shall become domesticated with us and be one of our ordinary diseases. As our bilious fevers diminish, and thus leave a vacuity, as it were, the typhoid endeavors to occupy its place. As to the habits of this latter fever, it is more rife in the north-eastern and eastern portions, along the coast and all the large streams, than in the interior. It appears, in a great measure, with us to be dependent upon some cause connected with bodies of water; as in the vicinity of these, it is most frequent.

That our "bilious" is being modified in its nature, appears from the last two census reports; as an illustration, we find for the year 1850, 16 per cent. of deaths from bilious fever, whilst from the present census, among 340 deaths, we find but 6 deaths from this endemic, or 1.38 per cent. Ten years ago, the physicians of this county knew practically little comparatively of typhoid fever; remittent fever they were called upon more generally to combat; now the bilious has become more tractable, and results but seldom in death; especially a pure, uncomplicated case. That the bilious should be less frequent and less dangerous, is not surprising at all; a satisfactory solution can be given in the fact, that the face of the country has been sensibly modified by the extensive systems of drainage pursued of late years, and by the immense area of swamp land cleared up and placed in cultivation; added to this, large amounts of lime applied to these low grounds—thus in part neutralizing the malarial poisons—and we have a solution.

The ratio of deaths from diseases of the digestive apparatus, as to deaths from other causes, was 1 to 12; showing a considerable mortality from dysentery. One case of yellow fever is recorded: this was not indigenous to the locality, but the victim was a sailor from a Southern port, where he received the seeds of disease. A fatal case of chicken pox is also noted: this would appear surprising, had it not occurred in the person of a young boy with a cachectic habit of body, with a strong scrofulous *vice*.

The deaths resulting from external, or causes not depending upon climate or season, amount to 18, as observable from the table of mortality.

The mortality as to ages, was as follows: 139 were under 5 years of age; 14 were between the ages of 5 and 10; 27 were between the ages of 10 and 20; 38 were between the ages of 20 and 30; 24 were between the ages of 30 and 40; 29 were between the ages of 40 and 50; 21 were between the ages of 50 and 60; 24 were between the ages of 60 and 70; 15 were between the ages of 70 and 80; 6 were between the ages of 80 and 90; 3 were between the ages of 90 and 100. Of the advanced ages, 1 was 82; 2 were 84; 1 was 87; 1 was 88; 1 was 89; 1 was 91; 1 was 92; and 1 was 100; the latter was a negro woman. The greatest mortality, it will be observed, was among children under 5 years of age, the per centage having been about 40.

In Georgetown, three died during the year, whose united ages were 251, the eldest being 92. The town, having a population of 608, had 9 deaths during the year, being a ratio of 1.44 to every hundred of population.

The number of deaths among the free negroes, as compared with the fatality among the slave population, is unfavorable to the former, for of 80 negroes that died, 53 were free; this difference may be accounted for by the fact that those negroes as a class were thriftless, and lived in squalid poverty, without the means necessary to obtain the comforts essential to the sick, and medical assistance in every case; the essentials to recovery were in a great measure wanting to them.

Desiring to show in what months the health-modifying influences were operating with most effect, the following has been tabulated: Deaths—23 in January; 23 in February; 36 in March; 37 in April; 25 in May; 32 in June; 37 in July; 33 in August; 23 in September; 27 in October; 28 in November; and 16 in December.

Deaths from consumption occurred: 3 instances in January; 6 in February; 10 in March; 5 in April; 3 in June; 4 in July; 3 in August; 4 in September; 4 in October; 4 in December. One-fifth of all the deaths from this cause occurred in March, and there was not a death from this disease, either in May or November.

There resulted from typhoid fever 1 death in January; 1 in March; 1 in April; 2 in May;

2 in July; 5 in August; 5 in September; 1 in October; 3 in November; 3 in December. Of 13 cases, the record of which we have examined, we find that 2 were under 11 years of age; 1 was 13; 1 was 14; 1 was 16; 1 was 17; 2 were 18; 2 were 20; 1 was 28; 1 was 42; 1 was 67; the latter being most likely a case of bilious merging into typhoid, as is its wont in old and relaxed subjects, in many instances. Of these cases, 8 were females, and 5 were males.

There resulted from dysentery 1 death in January; 1 in March; 1 in May; 3 in June; 5 in July and 1 in August; showing the greatest amount of mortality from this source in July, a time when our bilious fevers have not made their appearance generally, and when we naturally look for the former disease to show itself in greatest force.

If it were possible, it would be interesting to note the ratio of deaths to the number of cases of illness during the period referred to, in order that we might more accurately estimate the character of our diseases by their termination; but there are no data, save that offered by general observation, which is so meagre, that an approximation cannot even be formed; the combined notes of all the physicians of the county would afford the only means of judging.

Whether there was about the average amount of sickness during the twelve months, throughout the county, cannot be positively determined. From our notes, we find that very early in the season of 1859, the bilious commenced; having presented itself in May, which was something remarkable; it appeared to be genuine remittent fever. There was also some intermittent fever. The rains had been very frequent since the first of the year more than 20 inches having fallen in that time; the wind, for much of the time, had been from the east, and the weather was damp and variable; the swamps and low grounds had been for the most part covered with water, and the weather at times quite warm, the thermometer indicating 86° in the shade. There being a sensible connection between atmospheric conditions and the prevalence of disease, it may not be superfluous to state, that the year 1859 was essentially a *pluvial* one, 54.42 inches of rain having fallen, there having been 96 days in which we had rain. It is easy to imagine from this hygrometric state, that pulmonic complaints should be rife in the community.

From the first of the present year up to June, 13.02 inches of rain fell; the variations of the weather were frequent and severe in the early season; the respiratory system was peculiarly obnoxious to attacks. Pneumonia was especially prevalent throughout a large section of the county; in some neighborhoods it was quite fatal.

Now, the inquiry may be made, what is the relative longevity in Sussex county? The data, as furnished by the present census, will enable us to determine it for one year, according to the principle which is usually regarded as a mode for estimating it.

The principle is, "the ratio of deaths to the population in any community is deemed commonly an index of the average duration of life in that community; as an illustration, if 1 in 45 dies yearly, the average of all who die, will be 45. From a table before us, it appears that in London, the proportion of deaths to the population, at the commencement of the last century, was 1 in 20; at another time it was 1 in 39; and at another 1 in 40; and at other times intermediate ages between the minimum and the maximum mentioned. Taking this principle for our guide, we find that the average duration of life is 86 years, as the ratio of deaths to the population of Sussex is 1 in 86; this estimate will appear too high, however. Be that as it may, enough has been developed to show that the average duration of life is much higher than in the cities, and that it will compare favorably with most rural districts.

Gilman's Treatment of In-growing Nail.

By Henry M. Clarkson, M. D.,
Of Wateree, Richland Dist., So. Ca.

Mrs. S., a young married lady, applied to me on the 12th of March last, to be treated for an in-growing of the nail of the great toe.

She had not been able to wear the softest shoe for many months, or bear the lightest touch of the finger upon the parts adjacent to the sore. This was on the inner side of the nail, near the root, discharging pus, and surrounded by great inflammation.

Unwilling to subject one of so delicate a constitution and so nervous a temperament to the painful application of nitrate of silver, or to the severe operation of extracting the nail, I resorted to the plan recommended by Dr. N. Gilman, of Hatfield, Mass., (Boston Med. and Surg. Journ., Dec. 29, 1859.)

Having held a small piece of tallow in a spoon over the flame of a lamp, until it melted

and became very hot, I dropped two or three drops of it upon the seat of the granulations, and directed the patient not to attempt to put on her shoe until a cure was accomplished. After this visit I did not see her for several days, when I was gratified to find the granulations gone, and the pain and tenderness effectually relieved. Paring away the exposed edge of the nail, in ten days later she was walking about, wearing her shoe with comfort; and at the present time, (six months since), there appears not to be the slightest probability of a return of the complaint.

When it is recollected, how frequently surgeons pronounce the operation of extracting the nail one of the most excruciating in practice, necessitating the use of anæsthetics, and that cauterization by nitrate of silver is always dreaded, it is to be hoped that others will substitute for such barbarous treatment this simple method of Dr. Gilman, as one suitable for self-application, quick in giving relief, effectual in curing, without pain, and last, though not least, obviating the risk in resorting to chloroform.

An Extraordinary Case of Ascites.

By Samuel M. King, M. D.,
Of Monongahela City, Pa.

Last November I reported (vol. iii, p. 178) a case of ascites, that of Mrs. Adams, which is remarkable for the large amount of serum effused, and the number of times the operation of paracentesis abdominis was performed. A continuation of the report may be of interest to the reader.

From February 1st, 1854, to October 18th, 1859, she had been tapped over fifty times, and the amount of fluid discharged was 628 gallons, 2 quarts, 1½ pints. From that time the record runs as follows:

	Gallons.	Quarts.	Pints.
Previously reported, -	628	2	1½
Nov. 22d, 1859, drew off,	12	2	1
Dec. 20th, " "	13	—	—
Jan'y 17th, 1860, "	13	1	½
Feb. 15th, " "	13	1	—
March 17th, " "	12	2	1
April 15th, " "	13	—	1½
May 16th, " "	13	2	1
June 14th, " "	13	2	—
July 11th, " "	12	3	1
Aug. 7th, " "	14	1	—
Sept. 8th, " "	13	—	1
Amounting in all, up to this time, to - -	774	0	½

Mrs. Adams continues to enjoy tolerably good health for one in her situation. In some respects she has improved since the last report; a cough, that annoyed her very much for years, has ceased entirely for some months.

Oct. 1st, 1860.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

ANEURISM OF THE AORTA.

A man, about 50 years of age, came into the house suffering from asthma, dyspnœa, and a somewhat stridulous laryngeal or tracheal respiration. There was no aphonia, nor could any inflammation of the throat be detected.

The patient dates his disease since Christmas, when he had some pain in the right side, and at the same time found that, contrary to previous habit, he could carry heavier weights on his left shoulder than on the right. The stridulous respiration, in the absence of any inflammation in the trachea or larynx, together with the absence of any other positive symptoms; his appetite being good, no emaciation having taken place, and there being no tubercular tendency, reduce the diagnosis to the existence of an intra-thoracic tumor of some kind pressing upon the trachea, which may be either an aneurism, a cancerous growth, a mediastinal tumor, or an abscess. But the three latter must be thrown out in this case; he has not the cachectic appearance, the pain, and other general symptoms accompanying cancer; nor has he had the secondary, hectic fever, with rigors and chills, accompanying the formation of an internal abscess; and, as far as a mediastinal tumor is concerned, we have other symptoms, which, by establishing the case as one of aneurism, exclude the former.

On *inspection*, there is a slight prominence or bulging, some protrusion of the thoracic walls, over the right infra-clavicular region. The veins of the neck on the right side, especially the jugulars, and the veins of the arm on that side, are fuller than those on the opposite side, especially when he lies down. The thoracic veins of that side are also somewhat enlarged.

Percussion demonstrates a want of tone, and some dullness over the bulging part of the infra-clavicular region. On placing a stethoscope over this region, a slight pulsatory impulse is given to it. The apex-beat of the heart is more to the left than it should be.

NEURALGIA.—SUBCUTANEOUS INJECTIONS.

The subject of this disease is a young woman, who came into the hospital August 14th, suf-

fering most intensely from pain in the loins and along the sciatic nerve. The heart is perfectly sound, she had never suffered from rheumatism, there is no pulmonary disease, she has not had typhoid fever—in short there is no organic lesion to be found anywhere, and the diagnosis must hence be reduced to that of simple neuralgia.

Her suffering was so intense, the pain so agonizing, that immediately on her admission a subcutaneous injection of a solution of morphia,—20 minims of 16 grains to f. ℥j. of water was applied, which gave temporary relief, and at the same time tinct. opii and valerianæ in proper doses were administered. The pain, however, returned, and we have been obliged to resort to injections again and again—eleven in all.

On the 14th of August the opium and valerian were omitted, and 15 drops of the muriated tincture of iron given three times a day. This being followed by no very marked improvement, on the 24th of August 5 grains of iodide of potassium with wine of colchicum, 3 times a day, was substituted. But this in its turn was also suspended early in September, and she was placed under Todd's anti-neuralgic mixture, which consists of 15 grains of bicarbonate of potassa, 10 drops of tincture of opium, and 5 grains of nitrate of potassa. Under this, with the occasional application of hypodermic injections, she has been gradually improving, but still is not entirely free from the affection.

The case is one of considerable interest, as it presents a type of a class occurring very frequently, and often causing the physician much vexation. Sick headache, or migraine, and other forms of neuralgia are most frequently caused by nervous exhaustion, care, want of sleep, brought on by over exertion of the brain, with a state of the blood insufficient to supply the organ with its proper stimulus. It may be looked upon as an hyperæsthesia of the cerebrum itself.

We find this disease most commonly in hard-working, broken down merchants, lawyers and clergymen, whose habits are sedentary, whose appetite is poor, digestion bad, and who, with all this, exercise their brain day and night. It occurs in women, who have a large family of children, household cares, are perhaps nursing, and robbed of their sleep, and from these causes become anæmic. Romberg, than whom there is no better authority in diseases of the nervous system, calls neuralgia "*the prayer of the nerves for healthy blood,*" and experience has proved that he is right. The treatment in these cases must always be tonic, and the diet should be simple but nutritious. *Iron* should form the basis of the treatment, and quinine is a most important auxiliary.

HÆMOPTYSIS.

This patient, a man 34 years of age, was an inmate of the hospital in March last, suffering from scurvy; the hæmorrhagic blotches being limited chiefly to the legs. There was no active hæmorrhage then. He went out, apparently in perfect health, in May.

On the 2d of July he returned to the hospital, having then been spitting blood for about a week. The hæmoptysis was very copious, and continued for two weeks, in spite of all that could be done. He was in so exhausted and weak, a condition that, of course a thorough physical examination could not be made.

Ten drops of oil of turpentine were given every two hours, he was dry-cupped, and three grains of gallic acid were given every three or four hours. Light, but somewhat nutritious diet, such as milk and bread, was ordered.

August 5th. A blister was applied over the sternum.

Aug. 10th. Two grains of gallic acid ordered, together with ¼ grain of opium every two hours, when awake.

Aug. 21st. The hæmoptysis having almost entirely ceased, it was thought time to commence building him up; 10 drops of tinct. nuc. vom. with one drachm of compound tincture of gentian twice or three times a day were ordered and the to diet consist of mutton chops, milk, eggs, porter, etc.

Physical Examination.—There is now no coughing; expectoration very slight.

Percussion yields a slight dulness over the left supra-spinal fossa; there is also some dulness below the clavicle on both sides, and a little sinking in.

On *auscultation* there is found to be prolonged expiratory murmur over the left clavicle; at the same time the expiratory murmur is somewhat rough or harsh. There can scarcely be a doubt that this patient has tubercles, probably miliary in both of his lungs.

The prognosis of tubercular disease, at present, is not considered so unfavorable as it was twenty or thirty years ago, when pulmonary tuberculosis and death were almost synonyms. Though the disease can, properly speaking, not be cured, that is to say, the tuberculized portion of the lung, cannot be brought back to be sound lung-tissue, the development of tubercles, and their progress may be arrested under favorable circumstances, the disease be held in abeyance. In connection with this subject, we may quote Dr. Walshe, a recent authority of high repute, who says:

The following results, which I obtained at the Consumption Hospital, justify the foregoing statements, and furnish guides to *prognosis* additional to those already set forth. (1.) Of a given mass of patients entering the hospital in all stages of the disease, and in every variety of general condition—between the actually moribund state, and that of but slight constitutional suffering—the number leaving it on the one hand, *improved* or *unadvanced* was more than double that on the other hand, leav-

ing it in *a worse state*, or *dying within its walls*, (the exact ratio is 67.84; 32.16.) If the cases in which death was actually imminent at the period of admission were excluded, the result would be very materially more favorable than this. (2.) In 4.26 per cent. of the cases, complete restoration to health, not only as regards apparent disturbance of the functions generally, but as regards local evidence of active pulmonary disease was effected. (3.) Complete removal of symptoms was more frequently effected in the male than in the female; but, on the other hand, the results were, on the whole, slightly more favorable in the latter than in the former sex. (4.) All patients whose conditions grew worse, while they were in the hospital, had reached the stage of excavation on admission; and all patients, whose tubercles were yet unsoftened on admission, left the hospital either improved, or having had a *status in quo* condition kept up. Improvement is more probable than the reverse, even where excavation exists on admission. (5.) In a given mass of cases, the chances of favorable influence from sojourn in the hospital will be greater, in a certain, undetermined, ratio, as the duration of the disease previous to admission has been greater—in other terms, natural tendency to a slow course is a more important element of success in the treatment of the disease, than the fact of that treatment having been undertaken at an early period. (6.) The mean length of stay in the hospital in the most favorable class of cases, nearly doubled that in the least favorable. (7.) The chances of benefit are more in favor of those whose trades are wholly or partially pursued out of doors. (8.) The results did not appear to be influenced by the laborious or non-laborious character of the trade individuals might have pursued. (9.) The age of the sufferers did not exercise any very material influence on the character of the results. (10.) Patients coming from the country have, on an average, a slightly stronger chance of improvement, than the residents of London and the suburbs. (11.) Patients admitted during the warmer half of the year, benefit by a sojourn at Brompton, to a slight extent more than those received during the six colder months.

HOWARD HOSPITAL.

Service of Dr. S. W. Gross.

[Reported by J. Rufus Tryon, Resident Physician.]

STONE IN THE BLADDER — LATERAL OPERATION — UNION OF THE WOUND BY THE FIRST INTENTION.

William Holland, two years and a half of age, born in Leeds, England, was admitted into the Howard Hospital on the 18th of September, 1860. He had suffered from symptoms of vesical calculus for the last nine months, passing his urine from twenty to thirty times in the twenty-four hours. Micturition was always attended with pain, especially at the completion of the act; and there was occasionally a sudden interruption in the flow of urine, causing the boy to flex his body far forward, in order to disengage the stone from the mouth of the urethra. He had pain and itching at the head of the penis, to relieve which he was constantly pulling at the head of the organ, thus causing elongation of the prepuce. He has never had prolapse of the rectum; nor was there ever any calculous disease in his family. Three weeks previous to his admission, as well as the day before the operation, the patient was sounded, and a stone was detected. He was placed upon the use of bicarbonate of soda, under which the symptoms of vesical irritation abated.

On the morning of the 18th of September, the patient having been put under the influence of chloroform, the ordinary lateral operation was performed with a scalpel, the lower bowel having the night previous been cleared out with castor-oil. The external incision was about an inch and a quarter in length, and the internal incision was limited to simply notching the membranous portion of the urethra, the prostrate being lacerated with the index finger to an extent just sufficient to admit of the introduction of a small pair of forceps. The calculus was extracted without any difficulty, and was six lines in length by two in breadth, and weighed nine grains. It was quite friable, and was phosphatic in its composition. Six drops of laudanum were administered after the operation. The perineum was much deeper than is usual with subjects so young.

September 19th, 10 A. M. From the time of the operation, the boy has slept soundly, awakening twice, when he took some bread and milk, and has suffered no pain. The urine passed through the wound several times during the afternoon and night; *but at seven o'clock this morning, or nineteen hours after the operation, it came away by the penis, and so continued until a cure was effected, not a drop issuing from the wound.* The small size of the internal and external incisions, no doubt, contributed, in great measure, to this very unusual result.

September 20th. This morning the boy had an action on his bowels. He sleeps well, has a good appetite, and is free from pain. While the nurse was out of the room, he got up and walked about; but strict watching was enforced, so that it should not occur again.

The progress of the case was unattended by any bad symptom, and the child's mother stated that he enjoyed more freedom from suffering than he had for the last six months. It was almost impossible to keep him confined to his bed, and on the sixth day after the operation he was discharged from the hospital; after which he was visited at his residence. On the

eighth day, the external wound had entirely closed; but the boy was visited every day or two until the 8th of October, at which time he was playing about and perfectly happy. As the bowels acted regularly every day, the after-treatment was confined to the administration of bicarbonate of soda.

HEREDITARY SYPHILITIC CONDYLOMATA AT THE VERGE OF THE ANUS.

Mary McKenna, twelve years of age, was admitted to the Hospital, on the 2d of August, 1860, on account of condylomatous growths of the anus, the result of heriditary syphilis. The child did not present any other sign of constitutional disease, but was emaciated and pale, and her general health was bad. The mother had suffered from ulceration of the throat, alopecia, nodes on the tibiæ, and a papular eruption, and had had four children, one of which was born infected and died soon afterwards. The growth commenced about two months ago as a small red spot, which soon spread, and has now become of the size of a twenty-five cent piece. Its surface is slightly tuberculated; it has a fibrous feel, is of a red color, and of an irregular shape, and about two lines in height. Itching has been a troblesome symptom, becoming worse by exercise, and when she gets warm in her bed, requiring her to scratch and rub the part, which gives rise to pain, and occasionally to bleeding.

The *treatment* consisted in the internal administration of a solution containing five grains of iodide of potassium, with the twentieth of a grain of bichloride of mercury, every eight hours. She was also placed upon the use of the tincture of the chloride of iron, and was allowed a generous diet. As a topical remedy, chromic acid in the proportion of one hundred grains to the ounce of water was applied, and strict cleanliness was enjoined. Under this course of treatment, the tubercles had disappeared at the end of three weeks, the chromic acid having been applied but three times, and at intervals of six days. To prevent a recurrence of the disease, cleanliness was ordered to be kept up, and the constitutional remedies were continued for several weeks, the effects of the bichloride of mercury being carefully watched.

CASE OF SYPHILITIC HYDROSARCOCELE.

J. B., an Irish laborer, forty-five years of age, presented himself at the clinic of Dr. Gross, on the 2d of July, 1860, on account of a scrotal tumor, which had existed nearly three years. Twenty-two years ago, he had had an indurated chancre, followed by a bubo, and has occasionally been the subject of the different symptoms of constitutional syphilis. At the present time he suffers from nocturnal rheumatism, and he is pale and cachectic, and his appetite is impaired. Upon examination of the scrotum, the left sac of the vaginal tunic was found to be distended with serum to about the size of a goose's egg, and upon evacuating the water, the testicle was felt to be greatly enlarged, being four times its natural bulk, very knobby and indurated, as well as very heavy. The epididymis was also involved in the disease, and the spermatic cord, as far up as the external ring was very much enlarged, and occasionally the seat of sharp, shooting pains. The hypogastric and right and left iliac regions were the seat of pustular eruptions of an ecthymatous character, and of about fifteen deep sores, with foul bottoms, and varying in size from a three cent piece up to that of a twenty-five cent piece.

Treatment.—The left side of the scrotum was ordered to be painted twice a day with the tincture of iodine, and to be kept well suspended. The sores were touched with a dilute solution of acid nitrate of mercury, and poultices were to be applied, until they assumed a healthy granulating appearance. He was placed upon a nutritious diet, with malt liquor, and took every eight hours ten grains of iodide of potassium, with the eighth of a grain of bichloride of mercury.

On the 9th of July, the scrotum was punctured to give egress to serum which had again accumulated, and at this time the testicle and spermatic cord were not so hard, and the sores, having assumed a healthy aspect, were ordered to be dressed with one part of citrine ointment to seven of simple cerate. The application of iodine to the scrotum was discontinued, and mercurial ointment substituted. One week subsequently the patient had become slightly salivated, and the iodide of potassium was administered alone, the blue ointment and bichoride of mercury being stopped, and the iodine being again applied. The sores were in great part healed, and very considerable diminution had taken place in the size of the cord and testis. From this period the case progressed favorably, and on the thirteenth of August he was dismissed. His general health had greatly improved, his sleep was undisturbed by rheumatism, the ulcers had perfectly healed, and the testis and spermatic cord were reduced to almost their natural dimensions, although the former organ still felt somewhat tuberculated. He was ordered to continue the iodide of potassium for three weeks longer, and to pay special attention to his secretions.

It seems a commonly received idea among men, and even among women themselves, that it requires nothing but a disappointment in love, the want of an object, a general disgust or incapacity for other things, to turn a woman into a good nurse. This reminds one of the parish where a stupid old man was set to be schoolmaster because he was "past keeping the pigs." *Florence Nightingale.*

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

(Service of Dr. Pepper.)

SEPTEMBER 25TH.

INCIPIENT SOFTENING OF THE BRAIN.

The patient is a man, 42 years of age, a sea-captain, who has always enjoyed good health. He left sea last December. He has been a moderate drinker. About twelve weeks ago, he began to feel weak, and was obliged to stop his business.

He has now some difficulty in walking. His gait is somewhat rolling, staggering like that of a man on board of a ship. His grasp is feeble. There is a general loss of muscular power; he has, however, full power of co-ordinating his muscular motions. The lower extremities appear in a weaker condition than the upper. There is some loss of hearing, but the sight is equally good in both eyes.

On auscultation, the sounds of the heart are found to be perfectly normal. The condition of his mind is good, with the exception of a slight hesitancy in his speech.

The patient is evidently threatened with general paralysis, in consequence of softening of the brain. It is not a case of apoplexy, though that may finally take place.

Disease of the heart is not unfrequently followed by softening of the brain, in consequence of fatty or atheromatous degeneration of the cerebral vessels, the same as takes place in the heart or aorta, and for this reason the heart of this patient has been examined, with a view to see whether any such connection exists in this case. The heart, however, is sound.

Softening of the brain is generally looked upon as an incurable disease. It is stated, however, by some authorities, that as long as the brain-fibres have not given way and become disorganized, the disease may be curable, or at least held in abeyance by proper treatment.

Treatment.—This is to consist in a sustaining diet and a tonic course. The patient is to be built up. His food should be simple and nutritious, and he should abstain from alcohol or tobacco. As a tonic, he is to take one grain of quinia with two grains of extract of gentian three times a day. Counter-irritants are to be applied to his back, and his bowels to be kept in a soluble condition.

Oct. 2d. The patient presented himself again at the clinic, somewhat improved. The same treatment to be continued.

PHTHISIS IN A CHILD TWO AND A HALF YEARS OF AGE.

The child was brought to the clinic by its mother, who is a very healthy looking woman, and who states that her husband, as well as the rest of her children are all healthy, and that there is no consumption in her family.

The child has been sick a year, but during the last four months has become markedly worse, emaciating considerably; it has a hot, dry skin, indicating hectic fever, and a very fetid smell of the breath.

On physical examination, there is well-marked cavernous respiration in the upper lobe of the left lung, with pectoriloquy and dulness on percussion. The right lung appears sound. There is evidently a cavity in the upper part of the left lung.

This is rather a rare case. Tubercular degeneration in children at this age is generally disseminated all over the lung in the form of miliary turbercles, and it is not very often that we find it occupying the position, and running the course it does in the adult.

The bad odor, approaching to that almost of gangrene, is caused by the decomposing purulent matter in the cavity, which is acted upon by the inspired air, and which, in children so young, cannot be expectorated.

Cases of this kind might be mistaken for gangrene, pneumonia, or pleurisy; but the history of the case on one hand, and the physical signs on the other, are sufficiently clear to make a diagnosis certain. A case of gangrene would be much more rapid in its course than this case has been. It being limited to the upper lobe of one lung, with cavernous respiration and pectoriloquy, preclude the theory of pneumonia, pleurisy, or empyema.

Treatment.—There being no hereditary tubercular taint, the digestion being yet tolerably good, the progress of the disease may be considerably retarded, though we can hardly hope for a cure. Cod liver oil, wine whey, beef tea, and ⅓ of a grain of sulphate of quinia, three times a day, constitutes the best treatment under the circumstances.

EDITORIAL DEPARTMENT.

PERISCOPE.

EPIDEMIC JAUNDICE.

In the October number of the *Maryland and Virginia Medical Journal*, Dr. Thomas Pollard, of Richmond, Va., gives an account of "Endemic Jaundice" occurring in Richmond, Va. The following is a synopsis of the endemic as it occurred:

"The cases occurred in this city in the month of June last, at the stable of Mr. Bossieux, situated between 20th and 21st streets, fronting on the Dock. The first cases which were treated there occurred in May last. Most of them were attended with fever, furred tongue, and generally constipated bowels. Oc-

curring in the first warm weather in May, in connection with the locality of the stable near the water, the somewhat apparent remission in the fever, caused them to be mistaken for remittent fever—though some of the marks of remittent fever were absent. They were treated with calomel and quinine. In a few days, perhaps in a week, in most of the cases, (five in number,) yellowness of the conjunctiva began to be observed, and the true nature of the disease was then first discovered. In connection with the symptoms just mentioned, the urine was found colored with bile, the spirits were much depressed, debility was marked, appetite gone, and the secretion of the liver deficient, and the passages dirt colored—such symptoms, indeed, as are usually found in this affection. Convalescence was slow, and the patients (likely negro men) were a long time on the sick list, considering the mildness of the symptoms, and the fact that they were usually able to sit up or walk about a considerable part of the day—though, as before remarked, they complained much of debility. When the yellowness of the eyes and torpor of the liver became manifest, calomel was more freely used, and with good effect.

"As the disease progressed, it assumed a more decided and worse form. One after another was taken down, and out of nineteen likely negro men seventeen of them had jaundice. A young white man employed about the stable also became a subject of the same affection."

Dr. Pollard remarks that endemic or epidemic jaundice is extremely rare, no account thereof being published in the Lancet, Medico-Chirurgical Review, American Journal Medical Sciences, and the Virginia Medical and Surgical Journal. If our readers will turn to Vol. I, p. 251 of the Medical and Surgical Reporter, they will find the account of an epidemic of jaundice, by Dr. Wm. Pierson, Jr., of Orange, which occurred in that city in the fall of 1858, attacking at least three hundred persons, out of a population of about 7,000.

An account of the same epidemic, from the pen of Dr. Wickes, of Orange, may be found in the Transactions of the Medical Society of the State of New Jersey for 1859. After resorting to various remedies, Dr. Pierson found quinia the most efficient remedy. By this "in almost every instance the attack was broken up in a few days; whereas, without it, cases would frequently be prolonged for weeks." This leaves scarcely a doubt as to the malarious origin of the disease.

Neither in the Orange epidemic, nor in that at Richmond, does it appear that a single case proved fatal, though in the latter, according to Dr. Pollard's account, in several cases, there was much delirium and prostration, requiring the use of stimulants, while convalescence was slow. Dr. Pollard also suggests that malaria may have had something to do with the development of the disease, as the stables were lying near the river.

From the authorities quoted, it seems that epidemics of jaundice are on record as follows:

Occurring at Minorca, in 1746.
" at Cronstadt, in 1784–85.
" at Geneva, in 1814.
" at Philadelphia, in 1824.
" at Montgomery co., Pa., in 1857.(?)
" at Orange, N. J., in 1858.
" at Richmond, Va., in 1860.

It is very probable that endemics of jaundice are of much more frequent occurrence than is thought.

Aromatic Sulphuric Acid in the Treatment of Tapeworm.

Dr. Darrach, of Quincy, Illinois, reports, in the *American Journal of Medical Sciences*, five cases of expulsion of tapeworm by the administration of aromatic sulphuric acid. In one of the cases, a fluid ounce of the acid in a pint and a half of water was directed to be taken by the patient at his convenience. In other cases, three drachms of the acid were given during the twenty-four hours.

The remedy was used at the suggestion of Dr. Nichols, whose attention was first called to it by a woman who suffered from tapeworm, and who, on feeling its irritation gave it, as she said, "the sourest thing that she could find," and thus destroyed the worm.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 13, 1860.

EXPERIMENTAL PHYSIOLOGY.

Not unfrequently the remark is heard, even in high quarters, that experimental physiology, as now introduced, almost universally, in the most celebrated schools of the Old World, and as successfully taught in a few institutions of this country, would, after all, be but a loss of time should it be generally introduced into the curriculum of studies in our cis-atlantic schools. Why should hour upon hour be spent in making observations and seeing phenomena which have been fully established and been repeatedly observed, when, without these time-taking vivisections and experiments, the teacher might state the facts as well? The office of lecturer, it is said, is rather to generalize, to expound the laws of life, health, and disease, than to waste time in the fascinating, perhaps, but tedious

process of detailed experimental physiology, which may be accompanied in the lecture-room with a great deal of *éclat*, but, after all, stands a great deal lower in the scale of science than the task of generalization and expounding of physiological laws.

Such, or similar arguments, are not unfrequently advanced from quarters entitled to the highest respect; and this is one of the reasons why the subject should be submitted to a calm and careful consideration. The other is, because physiology is bound to become the scientific basis of pathology and therapeutics, and hence it becomes a question of very serious importance, which is the best way of teaching it?

Now it must be acknowledged, that, in all physical sciences, (and medicine is the grandest of them all,) the very best method of teaching is the *demonstrative* method. It takes a student five minutes, perhaps, to read that the fifth pair of nerves emerges from a certain portion of the pons varolii, forms the Casserian ganglion, divides into an ophthalmic superior and inferior maxillary branch, which are again subdivided into certain ramifications which supply certain parts. *Item*, it takes up a whole hour to demonstrate properly on the cadaver these same points, and days or weeks to dissect them out carefully. But who will deny that the proper study of this part of our science is the *demonstrative* and *experimental* study? Is it really a loss of time to demonstrate and dissect?

The absurdity of such an assertion, were it really made in earnest, is too glaring to demand serious refutation.

Now let us for a moment turn our attention to the *physiology* of these nerves, and see how didactic "generalizing" teaching fares in comparison with experimental physiology. In the former—which has well been stated to differ from knowledge derived from books, only by the latter being "to read one's-self," and the other to "being read to"—an hour is, perhaps, spent in discussing the effects of paralysis or division of certain portions of these nerves, and their effects upon the parts supplied by them, and for better illustration models and plates are, perhaps, used. But we doubt whether the student will be able to obtain the same amount of knowledge as if the action of these nerves, by irritation or division, were immediately demonstrated by vivisection, which could conveniently be done in an hour's time by an expert operator who possesses the faculty, indispensable to a teacher, of commenting upon the subject under consideration while carrying on his manipulations.

The difference between teaching physiology didactically and experimentally, is just the difference between an engraving and the real form—between a photograph and the object itself. It is true, as modern art has succeeded in the stereoscope—a sort of artificial squinting-apparatus—in presenting planes in relief, so, by straining our mental eye to the necessary obliquity, we may imagine that we behold *reality* when we are merely looking at its shadow. This will do well enough when the former cannot be obtained. A man may roam by aid of stereoscopic delusions in an hour's time through sceneries and countries that it would take him a year to travel through, and he will avoid being bored by dull waiters, the dangers of the sea, dusty rides, and other discomforts of a journey. But would any man call this traveling? It would be a strange fancy, indeed, if one should prefer reading a traveler's guide, however well written, to the journey itself, however tedious.

If not in every department of human understanding, the principle of Locke, "nil in intellectu, quod non prius fuerat in sensu"—is certainly true in medical science, and one which, for the sake of successful medical teaching, should be hung up in letters of gold, conspicuous to the eye of both teacher and pupil. A little boy will run away from his picture-horse, if you show him one of tin, which has the three dimensions; but he will throw away both, to get a good sight of a real, prancing, snorting, galloping, live beast. And not a whit different is it with the acquisition of knowledge among the wisest of men. The substance is always more acceptable than the shadow.

But it might be, and it is often replied, that it is not necessary to demonstrate physiological facts, which have long ago been demonstrated

as perfectly true. A single glance will show the fallacy of such a reply.

Take, for instance, the glycogenic functions of the liver, the artificial production of diabetes, or of cataract; all facts which elucidate very important functions, and tend to explain many morbid conditions of the economy. Now, it is said by the opponents of experimental physiological teaching, that inasmuch as the glycogenic function of the liver, the artificial production of diabetes, and of cataract, are phenomena, or facts, perfectly well established, what is the use of encumbering our lectures with experiments to verify them? We would answer this question by asking, what is the use of showing in our chemical lectures, year after year, by actual experiment, that water is composed of oxygen and hydrogen, when these last seventy years the fact has been perfectly well established? Why are we, year after year, demonstrating by actual dissection that the sartorius muscle arises at a particular point to be inserted into another, when these last three hundred years the fact has been patent to all? Why are we, year after year, encumbering the lecture room, and crowding amphitheatres of hospitals with patients, to spend hours and hours in simply demonstrating, what has been known these many years, that when a man's chest is full of fluid, there is a dull sound on percussion, and a splashing on succussion? Why spend valuable days in demonstrating well established facts, which could be taught didactically in so many hours?

It is, of course, unnecessary for us to answer these questions, which we have put, merely to show the inconsistency of the plea against introducing experimental physiology into the regular curriculum. But, as really the only objection raised against it, is because of its encumbrance and waste of time, we shall devote a few words to this. There is nothing more certain than that with the demonstration before his eye, the pupil is enabled to understand any truth or fact in half the time, at least, than if he were forced to draw off from the didactic teaching, part of his attention to supply the want of the former by his imagination. We had been reading, and we had been "read to" about the reflex action of the nervous system, for days and weeks didactically; but we really never understood the subject thoroughly, until we witnessed a few simple experiments of Marshall Hall, and then we understood in *ten minutes*, what we had previously attempted to learn in vain. So it is with *all* departments of physiology—from digestion to secretion, from excretion to generation.

Another point must be taken into consideration, and one of no little importance. If experimental physiology is made the rule of medical teaching, the student will be less encumbered with untenable and mere speculative theories, because the teacher will be careful not to state what he cannot satisfactorily demonstrate by experiment. It is unfortunately but too often the case that in didactic teaching generalizations take flight so fast that facts cannot follow, and fortunate the pupil who has mental ballast sufficient to keep him down to the latter.

It must be claimed for experimental physiology, that it is the only true method of teaching that branch, as it should be pre-eminently *demonstrative;* and further, that it will save time to the student, because it will obviate long explanations, which at best can elucidate the subject but approximately; and lastly, that it will purify physiological teaching from much rubbish and trash, because the experimental teacher will not state as facts what cannot be proven by the demonstrations of science.

DEATH FROM CHLOROFORM.

Another death from Chloroform is reported in the *Cincinnati Lancet and Observer*, by Dr. Krause of Cincinnati. It occurred during an operation for iridectomy. The following is an abstract of the case in Dr. K's own words:

"On the 25th of last month I performed an operation for artificial pupil, on a farmer, 29 years of age, who had generally enjoyed good health. About a year ago he suffered from protracted intermittent fever. The disease of his eyes dated from this time. His constitution was scrofulous anæmic. Preparatory to the operation chloroform was administered on a folded cloth, by an assistant sufficiently expert in its use. The patient, who had been enjoined

to keep his stomach empty on the morning of the operation, inhaled the chloroform in the recumbent posture, from 11 to about 11½ o'clock. He took one and a half ounces of it without resistance; nor did he even manifest the usual ecstatic symptoms. I finally proceeded with the operation, after having three or four times desisted from it, on account of the patient's restlessness whenever the lid-holders were applied. Previously, however, the removal of the chloroform was ordered from the patient's mouth and nose, as his breathing had begun to be stertorous. The operation, iridectomy, lasted about five minutes. The anterior chamber of the eye partly filled with blood, which I was about to let out, when I noticed a sudden paleness of the anterior ciliary vessels, which had become injected under the touch of the instruments. Then I found that the patient had ceased to respire, while the action of his heart, though weak, was still perceptible to the ear, regular, and about sixty beats in a minute. Ice-water, sprinkled into the patient's face, on his chest and epigastrium, had no effect. Rhythmical depression of the abdomen also failed to restore respiration. I therefore resorted to Marshall Hall's method. Windows and doors were opened, the patient's mouth and throat cleaned from a very tenacious mucus, which was not prone to discharge by its own gravity, and peripherical circulation promoted by rubbing of the extremities heartward, the occasional use of ice-water and clapping of the skin. The function of the heart was sustained by these means nearly an hour. Respiration, however, which had occurred at first about once every minute a few times, gradually lessening the patient's livid complexion, became less frequent and more superficial, until it degenerated into mere pseudo-pnoic efforts. There was during the agony a twitching of the muscles about the mouth, and a drawing up of the patient's legs: then pulsation also stopped. We ceased our efforts at resuscitation one hour and a quarter after the first symptoms of apnœa had appeared.

No post mortem examination was made. The deceased had never complained of anything indicating disease of his thoracic organs. His size was over six feet, the configuration of his chest normal. During my short acquaintance with him his spirits were depressed, his temper torpid."

There is no comment necessary. So rapidly are the cases accumulating, showing the often unavoidable fatality of chloroform, that hereafter the administration of chloroform, except in cases where ether has absolutely failed, must be considered as a sign of recklessness or ignorance.

At a recent meeting of the Sanitary Association at New York, the committee, consisting of Drs. Percy, Batchelder, and Roberts, who had been appointed, as noticed in a former number of the Reporter, to investigate a case of poisoning, and of criminal carelessness and violation of the law on the part of a druggist in West-Broadway, made their report. The facts therein brought to light do not differ essentially from those previously stated. The Association passed a resolution that the report be placed in the hands of the District Attorney, and that this gentleman be requested to prosecute the guilty parties. This is the wisest course that could possibly have been taken, and we only hope it it will be of avail, which it undoubtedly will be, if the District Attorney does his duty.

SPIRIT OF THE MEDICAL PRESS.

The *Lancet*, of September 15, treats its readers to a leader on the necessity of inventing an apparatus by which cereal crops may be artificially dessicated, so that wet weather will no longer be permitted "to afflict the whole agricultural community with a general paralysis." It suggests for this purpose heated air with forced ventilation.

Another editorial in the same number is devoted to the Parliamentary Report of the Select Committee on Lunatics, in which the committee virtually recommend that the office of the two medical visitors of the Court of Chancery be abolished, and their duties transferred to the Commissioners in Lunacy, so that instead of five medical officials, the increased duties of visitation will be discharged by three. The *Lancet* opposes the report.

A practical subject discussed by the *Lancet* refers to the prevention of poisoning by mistake. It is suggested that all bottles, containing potent medicines, such as laudanum, Fowler's solution, colchicum wine, etc., should have a narrow neck, which, from its causing the potent fluid or powder to drop slowly, in-

stead of running in a full stream, could not fail to attract the attention of the manipulator.

The *Medical Times and Gazette* has a somewhat humorous article on physical training, referring, of course approvingly, to the "Rifle-movement." It says: "How much damnatory dyspeptic divinity we hear from the pulpit, though we are almost sure to find a good catholic spirit beaming in a man who knows how to train himself. The unmanly visionists of the speculum would have seen fewer phantasmagoria through their tubes, and so have saved our women from their temporary Gallic degradation, if they had had their eyes earlier and oftener on an English rifle."

Correspondence.

Collusions between Physicians and Apothecaries.

Philadelphia, Oct. 9th, 1860.

Messrs. Editors:—The writer has read with much interest, in your last, the communication of your correspondent "*Esprit de Corps*," under the caption "*dishonorable mercenary arrangements between physicians and apothecaries.*" The practice alluded to is certainly most disreputable, and ought to, and we are sure will, be discountenanced by every honorable and high-minded physician and pharmaceutist. Some twenty years ago, we heard it openly whispered that this evil then existed to an alarming extent. It was, however, by no means, then confined to "suburban" localities, but it prevailed in the very heart of the city, among the "best" and most respectable apothecaries, and among some of our most distinguished and influential physicians and surgeons. In this age of "progress" and "reform," when the ethics of the profession are generally better understood, appreciated and observed than formerly, the writer was not aware that any medical man, making the least pretention to respectability, would be guilty of such a dishonorably collusive arrangement. It evidently disqualifies every one "from becoming or remaining" a member of any of our medical organizations, and is a direct violation of the spirit of the Code of Ethics of the American Medical Association, which is alike binding on every member of the profession, whether he is in fellowship with a medical society or not. The 3d section of Article III, of the Constitution of the "Philadelphia County Medical Society," expressly says: "Any physician, who * * * * * * shall enter into a collusive agreement with an apothecary to receive pecuniary compensation or patronage for sending his prescriptions to said apothecary, * * * * * * shall be disqualified from becoming or remaining a member." A similar provision is contained in the Constitution of the "Northern Medical Association of Philadelphia." The "Ordinances and By-laws" of the College of Physicians are not quite so explicit on this point; yet its spirit and object, as well as its Code of Ethics, which is the prototype of the American Code, are so decidedly averse to everything that has the least tendency to bring dishonor on the profession, that no one known to be guilty of such a vice could gain a footing, or be tolerated, in that venerable body. If, therefore, the party complained of is a member of either of these organizations—and almost every respectable practitioner at the present day is associated with one or the other—"*Esprit de Corps*" could do the profession and its ethics no greater service than to prefer a formal charge against him to the Censors of the Society to which he belongs, and, our word for it, the infraction will receive due and merited attention.

The remedy suggested for breaking up such mercenary collusions is a good one, and if faithfully carried out, would certainly prove most effectual. Let, therefore, every respectable practitioner, who desires to do right, withhold his support and encouragement from every unworthy apothecary, who is known to be given to this practice; *and, in addition, let the community know why he does not wish his prescriptions compounded at such establishments.* If the profession could be induced to act harmoniously, unitedly and determinedly in this matter, this evil could thus soon be completely eradicated.

This subject also furnishes another and a most important argument in favor of general organization, both as regards the medical and pharmaceutical professions; and a powerful incentive why every honorable physician and pharmaceutist, who love the honor and dignity of their respective callings, should heartily cooperate in the all-important work of organization.

If both the physician and apothecary were members, as they ought to be, of the organizations established for the protection of the interests of their respective professions, to whose laws and ethics they were held rigidly amenable, it would be easy to remedy the evil. But in the cases which have called forth the just animadversion of "Esprit de Corps," it may be that neither the physicians nor the apothecaries are responsible to any such tribunal; for, especially as regards the latter, he leads us to infer that they are neither "the best nor the most deserving of patronage." This is an important consideration. From our personal acquaintance with, and knowledge of, many pharmaceutists in different sections of the city, we cannot believe that any honorable and respectable member of that profession would be willing to lend himself to such a base and dishonorable agreement. On the contrary, we know that their ethics, like our own, strictly forbid it. We

quote from the Code of Ethics of the Philadelphia College of Pharmacy as follows:—"*We, in like manner, consider* that an apothecary being engaged in furthering the interests of any particular physician, to the prejudice of other reputable members of the medical profession, or allowing any physician a per centage or commission on his prescriptions, acts unjustly toward that profession and injuriously to the public."

I may, in the interpretation that follows, do "Esprit de Corps" injustice; but the inference from his communication is, that the "suburban neighborhood," to which he thinks this practice is confined, is in the northern section of the city. However this may be, most of the reputable practitioners in that section are members, and many working members, of one or the other or of several medical societies, for whom, as a class, we claim, until the contrary is shown, equal "loyalty" to the "code," as may be claimed for those from any other section.

In conclusion, Messrs. Editors, I desire yet to say, that no one is in a position to do more toward correcting such great evils, and disseminating healthy ethical views among the profession here than *you* of the Reporter, which seems to be a welcome weekly visitor to the office of almost every medical man in this ever-growing "metropolis of medical science," and it is hoped you will continue to speak out boldly, and expose in unsparing terms this great mercenary disgrace to the reputation of our time-honored profession.

Esprit des Lois.

The Æsthetics of Pill Making.

Philadelphia, Oct. 9th, 1860.

The modern improvements in the preparation of officinal articles by extracting active principles from crude materials, and concentrating them, or freeing them from extraneous substances, tend to facilitate their administration by reducing the bulk. As in the pilular form medicine is not supposed to be tasted, upon the *size of the pill* depends the desirableness of this—as it ought to be—most eligible form of dose.

Many radicals and other concentrated preparations, the usual doses of which are but fractions of the grain, are capable of being given in the granular or minute pilular form, without losing any of their efficiency, and with certainly more consideration for the fastidiousness or delicacy of patients. Notwithstanding the manifest advantage of the diminished bulk in which medicines are now found, the benefit of it seems, from custom, not usually taken advantage of by the pharmaceutist in the preparation of pills. It this city, the model size of the pill seems to be that which is turned off by the old fashioned "pill machine." In bulk such pills are large, and vary in weight from three to five grains, according to the density of their component materials.

Habit appears to have made pills of this size the usual form, and it matters not how diminutive the bulk of the article ordered, enough of some cohesive material is added to make each pill of a size to suit the druggist's convenience in preparing, or, perhaps, his beau ideal of the proper size of a pill. Thus such articles as strychnia, atropia, etc., in their usual diminutive doses, when ordered to be dispensed in the pilular form, very frequently appear before the patient almost as a bolus.

Most practitioners are not in the habit of directing the amount of matter to be added to make the mass of a proper bulk, or to aid in the subdivision of the medicine, but leave it to the discretion of the pharmaceutist, intending that he shall add no more than is really necessary.

All that I desire by this note is to call the attention of druggists to an annoying habit to which some of their fraternity are addicted, of making up pills of a size which is often repulsive to patients. XX.

Dry Summers and Health; Van Bibron's Antidote; Enlarged Spleen and Malarial Cachexia.

Warsaw, Ala., October 1st, 1860.

In the transactions of the American Medical Association, of several years since, it was laid down as a rule, that "dry summers are sickly ones." The present summer has proved an exception to this general rule for a scope of 50 miles around us. It has been unusually dry, and unusually healthy. I have noticed that since the dry season set in, that among women there has been an unusual tendency to abortion at about the period of quickening, and manifest irregular action at any stage of pregnancy, sufficiently so to become very noticeable to a physician.

I put "Bibron's Antidote" to the test, some time back, in a case of rattlesnake bite, with complete success, the first dose giving almost complete relief to the distressing pains, and quieting the delirium.

The fall, so far, has been very dry, and, as a consequence, what few cases of fever we have, are assuming the congestive form, choleraic variety.

I send you a prescription of Dr. Gadbury, of Miss., which, I do not think, has ever attained publicity, *exceedingly* useful in cases of enlarged spleen and malarial cachexia.

℞ Liquor ferri. sulphatis, f. ℥ ss.
Quinæ sulph. ℈i.
Aquæ cinnam. f. ℥ viij.
Mix and add Potassæ citrat. ℥ ij.

Sig. Take a tablespoonful three times daily. Apply Iodine ointment over the splenic region, and a flannel bandage around the abdomen.

To make the liquor ferri sulphatis:

℞	Ferri. sulph.	℥ss.
	Acid nitrici,	f. ℥ iij.
	Aquæ,	f. ℥ iss.

Rub the iron and acid together for 15 minutes, then add the water.

Edward H. Sholl.

NEWS AND MISCELLANY.

Introductory Day.—As previously announced, the Introductory Lectures in our three Medical Schools were delivered on Monday last, and the halls of each institution were crowded with students and physicians.

Professor Carson delivered the Introductory at the Medical Department of the University of Pennsylvania, at 12 o'clock M.

After welcoming the students to this seat of learning, and, on behalf of the Faculty, extending a cordial greeting, Professor Carson alluded to the change, inaugurated for the first time on this occasion, of having but one introductory lecture, as one of advantage, as it saved an unnecessary expenditure of time, and allowed the student at once to engage in his studies. He then proceeded in earnest and eloquent language to counsel the student as to the proper way in which to prosecute their studies.

The study of medicine does not consist in memorizing axioms, but in accumulating facts and applying them. The prosecution of the science of medicine may be laid down in rules:

First. Lay a good and deep foundation. No lofty and enduring structure can be reared without a solid and substantial foundation. Hence the strictly *demonstrative* subjects should be the ones first to engage the student's earnest attention. The perceptive powers are thereby exercised, and the student acquires an ability to employ his senses correctly, which is indispensable to physicians, and can never be supplanted by mere intellectual reasoning. He who has acquired the faculty of perceiving and using his senses correctly is not so liable to make errors. It is from a want of paying proper attention to the demonstrative branches of our science, that it is true what Gregory the elder has said, that medical science is crowded with facts which never had an existence but in the brain and imagination of the men who advance them, and from this want spring many of the false theories of empiricism and charlatanism of our day.

But besides the immediate advantages which they yield, the demonstrative branches of medicine imbue the student with a taste for positiveness which will afterward save him from many false theories and erroneous practices. We are astonished at the zeal with which the ancient sculptor must have prosecuted his task when he produced, in the most detailed, anatomical correctness, the statue of the dying gladiator; and shall ours be less with the design to allay suffering and dispense health among our fellowmen?

Secondly: Proceed methodically,—The truth and importance of this rule will be at once recognized. Order is nature's first law. Proceed to a higher branch, only after you have mastered the lower, bearing in mind, that in scientific acquirements, as well as in nature, there is a natural transition. Unflinching perseverance with methodical study alone, lead to intellectual power and greatness; and remember that the bird, which flutters most soonest gets tired, and that a steady flight accomplishes the greatest distance.

Thirdly: Proceed with necessary deliberation.—Nothing is more harmful in study than hurried movement. It is true, in our country everything is done hastily. The many channels of business enterprise, and the rapidity with which fortunes are made and lost, and the erratic and speculative tendencies that characterize our age and country have left their impress even upon our educational system, and hence the complaint, so frequently made of the superficiality of our learned professions, which has been a prolific source of charlatanism and empiricism. To obviate these evils we must act with *deliberation.* Rapid progress is not permitted in science. There must be time for assimilation. The system of over-study, as it is not unfrequently seen, acts, as a student once happily expressed it, by *displacement;* while learning one fact, another is forgotten. This is not the right system. We have not yet arrived at the age of intellectual power-looms, reaping machines for medical science, and condensing apparatuses of knowledge. The idea advocated in some quarters that the present term of study is too long, and that passing a certain prescribed examination should be the only requirement for a degree, is justly considered as erroneous by the best informed and the highest authorities in the profession throughout our country, who, on the contrary, hold, that the present term of three years is not sufficient for a thorough medical education. Some of the accessary branches, as botany and geology have been too much neg-

lected, much to the disadvantage of the profession. Botany should be at least so far introduced in our system of medical teaching as to enable the student, when he leaves the college, to make the productions of the soil in the locality, where he settles, tributary to science; the same is true of geology, which may enable us in time to unmask disease and its causes.

After paying a beautiful tribute of respect to Dr. George B. Wood, who for twenty-five years had so ably filled a place in the faculty of the University, and whose scientific labors have shed lustre upon the institution, the city, and the profession of our country, Prof. Carson, in very becoming language, alluded to the appointment of Dr. Pepper, one so eminently worthy to be Dr. Wood's successor, on account of his large experience, eminent scientific acquirements, and great capacity as a clinical teacher.

Prof. Carson concluded his address, which was eloquently delivered and frequently received with applause, by exhorting the students earnestly to labor in the great task before them, that of learning the science of medicine, to make themselves masters of the healing art, and thus not only to become valuable citizens of the commonwenlth but benefactors of our race.

Professor Dunglison opened the course in Jefferson College, with a discourse on Medical Methodology, which was listened to with great attention. He alluded to the rapid advances which medical science had made in the last fifty years. Histology is almost a new science. Physiology has entirely changed. Germany, France, and the Anglo-Saxons have all contributed to the elucidation of new facts and laws in reference to the great questions of life. Yet, however valuable and indispensable it may be, to resort to actual experiment and vivisections to interpret the phenomena of life, after much and serious deliberation it had been found best not to encumber a course of didactic teaching of physiology with experiments and vivisections, which would, although accompanied with éclat in the lecture-room, only be a loss of time. The course of lectures on this branch of science should rather be to expound the laws which have been elucidated by experimental physiology.

Professor Dunglison then reviewed the great improvements which have been made in all departments of medicine; in surgery, which has become more and more conservative; in chemistry, to which we are indebted to the most valuable discoveries; to materia medica, which has become simplified. Public and private hygiene has been improved. In reference to medical jurisprudence, much is yet to be accomplished, and it has been a matter of much consideration in what manner this could be best accomplished in the present curriculum of studies. The chair of medical jurisprudence had frequently been added to that of obstetrics, because some of the important questions of legal medicine, such as infanticide, abortion, etc., appertained more particularly to obstetric science. Yet, it must be considered that legal medicine occupies a much wider sphere, embracing in its scope more or less all departments of medicine, and for this reason had frequently been added to the chair of institutes of medicine. By others, however, it is thought that it would be sufficient for the student to devote himself to a study of this branch after graduation, and this suggestion is not without force, as in any case, when the physician is called upon, it is neces sary for him to prepare himself and study up the particular questions of the case in which he is called to give an opinion.

In reference to preliminary education, he would exhort the students to do all in their power to sustain the medical as one of the learned professions; for, although it would be unwise under existing circumstances, to *demand*, as absolutely necessary any particular standard of preliminary education, a liberal education is indispensable to the progessing status of the profession.

In reference to the proper way of conducting their studies, Prof. Dunglison gave the students some most excellent rules. He would especially advise those about to graduate at the end of the term, not to undergo that process commonly known as "cramming." A student who had been "crammed" often resembled a warehouse, well-stocked, but without order and system; everything may be there, but it cannot be *found* when *wanted*.

After dwelling upon some of the delusions of the day, and their causes, and giving some of the ludicrous, so called "provings" of homœopathy, Prof. Dunglison concluded with an earnest exordium to the class to enter upon their studies with energy and zeal, and to do credit to themselves and to the profession.

At the medical department of Pennsylvania College Prof. Henry Hartshorne, delivered the introductory. Dr. Hartshorne's lecture was

upon "Speculative and inductive medicine." After alluding to the importance of the establishment of the inductive method of studying nature, by Bacon and others, in the 16th century, a condensed account was given of the principle phases and mutations of medical opinion and theory, from antiquity to the present day. The most conspicuous systems or schools of medicine were described briefly, under the titles of Naturalism, Empiricism, Eclecticism, Humoralism, Solidism, Chemicism, Mechanicism, Neuropathology, Stimulism, Vitalism, and Cellular Pathology. The great and extended influence of the *Brunonian* theory was explained chiefly by its affinity to *vitalism;* a form of which, chastened and matured by accurate science, the lecturer believed to be about to assume a predominant place, superceding even the "cellular pathology."

Dr. Hartshorne asserted his full confidence in *rational empiricism* as the true and only sound basis of therapeutics; distinguishing it carefully, of course, from unscientific and unsystematic empiricism. Physiological reasoning cannot guide therapeutics, at least until physiology is *perfected.* Almost all important remedies have been discovered by accident, and often have had to contend for a time with opposition from theorists. To place therapeutics upon the foundation of clinical observation, is to make it eminently rational and scientific. The two blades of the scissors of practical medicine are, *diagnosis* and *clinical proof.* Yet, as medicine is progressive, and as pathology is necessary to diagnosis, and physiology indispensible to pathology, these sciences must contribute essentially, in their advancement, to that of the practice of medicine. In the other natural sciences, however, facts and details are, at the present time, abundant; generalization and reflection are, in them, as Agassiz has recently remarked, now most required. But it is not so in medicine; which needs *more fact,* and *less theory;* more exact and extended observation of the history of disease and of the action of remedies. Allusion was made to the writings of Dr. Bigelow, Sir John Forbes and others, calling attention to the resources of *nature* in the cure of disease; this being a revival only of the doctrine taught by Hippocrates, Asclepiades, Celsus, Sydenham, and others. And now, when, although Dr. Bennett of Edinburg predicts the "approaching downfall of empirical practice," yet his co-laborer, the late Dr. Todd, in his last words, urges the importance of its support, in clinical research, and the philosophic medical historian, Renouard, seconding the efforts of Louis the founder of the numerical method, foretells the coming *triumph* of rational empiricism or inductive medicine—now, when mortality statistics and life-assurance tables show that human life has been decidedly lengthened within fifty years, and hospital records prove that the results of medical, surgical, and obsterical practice, grow better in the same proportion—now, when the dispassionate physician ought to find more reason than ever to confide in and honor his profession; it is, nevertheless, the school of medical scepticism which makes the most clamor. Its representation by the "autocrat of the breakfast-table" was spoken of with regret, that so brilliant a writer should have strained the truth more than a hair's breadth, to use his own language, for the sake of epigram or antithesis.

The lecture concluded with expressions of welcome to the class, and encouragement to enter with enthusiasm upon their labors.

The attention of practitioners or druggists desiring a favorable location in this city, is directed to an advertisement offering an establishment for sale.

Carvalho's Oxy-Hydrogen Retort and Steam Superheater.—This is a new process of super-heating steam, invented by S. N. Carvalho, of Baltimore, Maryland.

The great difficulty in all previous apparatuses for the purpose of super-heating steam and thereby increasing its elasticity and force has been the rapid destruction of the metal constituting the heating tubes or chambers, in consequence of their oxydation from the exposure to high degrees of heat on one surface, and the gases of the decomposed steam within.

The invention under notice removes this obstacle by the use of metallic substances within the retort, exposing a greater degree of surface to the steam and preventing the oxidation of the metal composing the retort—the process being analagous to that going on for the production of "iron by hydrogen" for medical purposes.

This retort lessens the dangers from explosion of boilers, as more work can be done with half the ordinary pressure; it produces double power with a great saving of fuel; it supercedes the necessity of large and expensive boilers; and in its application to steam vessels in addition gives the vessel a larger space for freight.

This apparatus can be attached to any boiler at trifling expense.

It has been for several months in successful operation at the Navy Yard, at Washington,

D. C., and in several large establishments in Baltimore, and will soon be erected in the Navy Yards of Boston, New York and Philadelphia. It has been attached to the steamers Georgiana and Louisiana of the Bay line, and it will soon be used wherever steam is employed. The Scientific magazines mostly speak highly of it, and the October number of the Railroad Magazine, of New York, considers it one of the greatest inventions of the age, and probably the most valuable."

Growth of Nails.—In going round the wards of the Charité with M. Beau, a novice will be not a little puzzled at seeing him scrutinize closely the finger-nails of each newly-admitted patient, telling him occasionally, after a few moments' examination of his cuticular appendage, "My friend, you had a bad illness so many months ago, a very severe illness, that pulled you down a good deal; and then you had a relapse," and so on. This sort of inverted palmistry puzzled me sorely at first, and I confess that even the explanation, when given, left me very skeptical as to the infallibility of this retrospective fortune-telling. Nevertheless, although I do not believe in Hume the spiritual medium, any more than in Hahnemann and his microdosic followers, I do believe in this sign of the past as indicated by the nails. If you look at the fingers of a man who had typhus fever three months ago, let us say, you will find on the nails, toward their centre, (at that interval of time,) a transverse furrow, deep and well marked, coinciding with the moment when the check in their nutrition occurred—the depth of the depression being in propertion to the severity of the illness, its breadth with the duration; and the several consecutive relapses being each notched on the ungual appendices as on so many tally-sticks.—*Lancet.*

A New Feature in a County Medical Society.—The Bradford County (Pa.) Medical Society have established a form of clinic in connection with the meetings of the society, the report of which presented in the transactions of the State society, says:

"The idea of a clinic in a county society may appear somewhat novel to some; nevertheless, it has thus far operated remarkably well in this society. By granting to the inhabitants the privilege of bringing obstinate and chronic cases before the society, *en masse*, to be examined and prescribed for, free of charge, has excited an interest and feeling in the community in favor of the profession that could not have been procured in any other way, and, in fact, doing away the idea, before adverted to, that the meetings were for selfish and pecuniary motives; and to the members they must of necessity prove beneficial, provided they are conducted in a proper and judicious manner, and that they may be, a physician and surgeon are appointed yearly to take charge of the clinics. The cases presented are only from the regular members; a record of the disease, symptoms, and treatment, progress, and termination, is regularly kept. We would earnestly recommend them to the favorable notice of other country societies. Why may not clinics prove as beneficial out of cities as well as in?"

Life and Death in London.—A poor woman solicited the magistrate's advice, stating that at nine o'clock on Monday night a child of hers died of cholera, ever since which it had been lying in the same room in which her husband, herself, and two children were living. The parish had refused to bury it, and told her to do so on Saturday with her husband's wages; but if she did that all of them must starve, and she knew not what to do. Mr. Paynter said "it was a very shocking case, as a pestilence might arise and be destructive to every one in the house, and others besides. It was very strange, but it seemed no one's duty to bury the body, and he doubted whether the parish could be compelled to do so. If it was any one's duty, it surely was theirs, but he could not compel the parish to bury it. He had no power whatever to assist her, and all she could do would be to consult the Poor-law Commissioners."—*Dublin Medical Press and Lancet.*

The Pathological Museum of the Philadelphia Hospital.—At a recent meeting of the Medical Board of the Philadelphia Hospital, Dr. D. H. Agnew was appointed Curator of the Pathological Museum.

This appointment will insure the efficient management of the establishment. There is already a considerable fund appropriated for securing at once the fixtures and materials for the basis of a cabinet, and a yearly endowment will be granted for the purpose. To the liberality of the Guardians controlling the hospital, the medical profession will be indebted for the beginning and sustaining, in an unequalled field for pathological study, a museum which will be a great scientific benefit.

It is now pretty well agreed among the learned in every science, that the foundation of all true and solid knowledge must be laid in observation and experiment. They are, indeed, the only substantial basis on which we can surely venture to establish any kind of doctrine, and the surest tests whereby to try the validity of any philosophical system that comes before us; for what do any modes of reasoning avail where facts and experiment are wanting in their support?—*Dr. Shaw*, 1755.

An exchange paper says:—"Elder Kimball, one of the Mormon saints, had fourteen children born to him in one night."

Those who believe in the uniform duration of the period of gestation will naturally retrospect two hundred and eighty days.

Philadelphia County Medical Society.—This society seems to be in a highly prosperous condition. The second of the series of conversational meetings was held on last Wednesday evening, at the usual time and place, Dr. Remington presiding. These meetings, for scientific purposes, promise to be more than ordinarily interesting and instructive this season. Some of our most learned, experienced, and eminent practitioners and teachers are expected to take part in the scientific proceedings. The subject for discussion on Wednesday evening was, "*Opium as a Therapeutic Agent,*" and was ably introduced by Dr. George Hamilton. An animated debate ensued, in which Drs. B. H. Coates, D. F. Condie, I. Remington, Wm. Darrach, R. P. Thomas, J. Chester Morris, and others, participated. We hope to be able, as usual, to furnish our readers, in our next, with Dr. H.'s paper, as well as the remarks of the several speakers.

The next stated (quarterly) meeting, which is chiefly for business purposes, will be held on Wednesday afternoon next, at 3½ o'clock, when a number of new members will be elected, reports from the censors presented and considered, and nominations made for the ensuing year for officers of the society and delegates to the American Medical Association, and to the Medical Society of the State of Pennsylvania. These nominations are made through two committees —the one *appointed* by the president, and the other *elected* by the society, at the July meeting. These business meetings are often largely attended—especially the annual, at which, on a late occasion, there were 104 members prssent.

Humane Improvements in Slaughtering.—L' Union Médicale lately published a valuable report read at the general meeting of the Paris Society for the Prevention of Cruelty to Animals. In this document, are described several cruel practices which are of daily occurrence, both during the conveyance of the animals to Paris and the actual treatment of them at the slaughter-houses. It is to be hoped that this publicity will lead to the removal of the evils alluded to. Amongst the suggestions which the report has drawn forth, is one which deserves attention. M. Auber, of Macon, thinks that air injected or blown into an opened vein would bring on instantaneous and painless death; and grounds his belief upon the effect produced upon dogs and other animals by this mode of destruction. He adds, that it was customary with the French at Rome to kill in this humane manner horses unfit for further service.—*Lancet, Aug.* 4, 1860.

No Strychnine in Whiskey.—At the meeting of the American Pharmaceutical Association of New York, on the 11th ultimo, a paper was read by Mr. Carney, of Boston, on the frauds and deceptions practised on the public by adulterations of drugs. In one popular idea, however, says the report, there is a great error—in regard to the strychnine in whisky. In a large number of whisky analyses, made during the past year, we have not been able to detect, in a single instance, the presence of the least trace of strychnine, and we have not been able to ascertain, from any reliable source, that the practice of using strychnine in whisky is ever followed. The fact, also, that one part of strychnine will impart a sensible bitterness to 600,000 parts of water would seem to preclude its being used for that purpose.

Rape committed during Magnetic Sleep.—A case of this, recorded in *La Presse Medicale de Marseille,* is quoted in the *Amer. Journal of Medical Sciences.* A girl, 18 years of age, believing herself to be sick, consulted a man who professed to cure diseases by animal magnetism. For some time she went to him daily. After about four months and a half she perceived that she was pregnant, and complained to the police authorities, who consulted Doctor Costa, Director of the School of Medicine, and Broquier, principal Surgeon, to give an opinion: 1st. Whether the girl was pregnant, and the period of utero-gestation, and, 2d. Whether she could be violated and made a mother against her will. These physicians ascertained that the girl was pregnant, and that utero-gestation had not advanced further than four or four and a half months, and supported by the report made to the Academy of Medicine by M. Husson, in 1831, concluded, since it is demonstrated that a subject under the influence of magnetic sleep is insensible to all tortures, it seems rational to believe that a young girl may submit to coition without voluntary participation in the act, without being conscious of it, and of course without being able to resist. This opinion is concurred in by M. Devergie, of Paris.

Weight of Men.—It is stated that 4,369 men had been weighed at the Mechanics' Fair in Boston, and that their average weight was 146 lbs. 13 ounces. The mean weight of men in Belgium (Brussels and its environs) is 140.49 pounds. In France (Paris and the neighborhood), the mean weight is 136.89 pounds. In England (taken at Cambridge, between the ages of 18 and 28), the mean weight was found to be 150.98 pounds. It would be a good idea, founded on something more than mere curiosity, to have a good set of scales used at fairs in all parts of the country.

Dr. Livingstone.—The celebrated African traveler, Dr. Livingstone, is to have another steamer, which has been sent out by the English Admiralty, to enable him to proceed with the exploration and navigation of the Zambesi. The screw steam-sloop Pioneer, of 350 horse-power, has recently departed from Woolwich, fully laden with stores for the intrepid explorer.

Case of Twins, one of which was born enveloped in the Membranes.—The patient in this case was a negro woman. It is reported by Dr. E. W. Woodson, of Woodville, Ky., in the October No. of the American Journal of Med. Sciences. The midwife, supposing the child to be dead, deposited it in a vessel without rupturing the membranes, and set it away until the doctor arrived, which was at least fifteen minutes after delivery. The rest we give in Dr. W.'s own language:

"As soon as I entered the room she related what had happened, and presented the vessel for me to inspect. I at once ruptured the membranes and found the cord still pulsating. I removed the child and succeeded in resuscitating it by using friction, artificial respiration, &c. I allowed the cord to remain untouched as long as it pulsated. The child was perfectly livid, and apparently dead when I commenced to work with it. The breathing was at first gasping and at long intervals, but finally became regular and quiet. The child lived and did well."

Adhesion of a Separated Portion of a Finger.—Azam relates an additional case in proof of the desireableness of attempting to secure the reunion of separated parts. A man while fashioning a piece of wood by means of a very sharp hatchet, chopped off an oblique slice of the index finger, three centimetres in length, the line of separation dividing the nail into two parts, and carrying away almost all the pulp of the finger. He fainted; but a neighbor who came to his aid ten minutes after the accident, bound on the separated part, and the most complete union promptly followed.—*Bulf. de Thérap. and Medical Times.*

Aneurisms in the Arch of the Aorta, says Dr. Baillie (1800), as well as in every other part of the arterial system, happen much more rarely in women than in men. This arises from two causes. The one is, that women, from their sedentary life, are less liable to an increased impetus of blood, occasioned by excited circulation; the other is, that the arteries in this sex appear to be less liable to these diseased alterations of structure, which predispose to aneurism.

The Leavenworth Times thus serves up Dr. Windship, the great lifting-athlete, commenting upon the statement that he had lately "lifted eleven hundred and fifty pounds, dead weight." The Times advises Windship to stop. "Stop, Doctor! you'll get into trouble if you keep on that way. We knew a fellow once who got a habit of 'lifting' things—small ones at first—then larger, until at last he took to 'shop lifting!' Consequently they sent him to the Penitentiary for five years."

Titles.—A clergyman, hearing that a college classmate, every way his inferior, had been made a Doctory of Divinity, is said to have remarked, "Years ago, when I saw them beginning at the top of the ladder to make doctors, I had no hope that they would get down to me; but now they have begun at the other end, I think, may-be, they will get up to me."—*The Century.*

A New Work by Dr. Hodge on diseases of females, is soon to appear. From the eruditon and practical experience of Dr. Hodge, the profession will anticipate a volume which will be a valued accession to the subject to which the author has so uninterruptedly devoted himself, and so successfully taught.

Sir Henry Holland was on Tuesday last entertained at a dinner with the Philadelphia Club, in company with some of the prominent medical men of this city.

Dr. G. A. Peters has been elected Surgeon to the New York Hospital, in place of Dr. Van Buren, resigned.

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Answers to Correspondents.

Dr. W. S.—We have referred the plant you sent us to Prof. Carson, of the University of Pennsylvania, and received the following reply:

The plant received from you yesterday is the *Asclepias verticillata.* It grows through the Middle and Southern States. It has not been put down in the books as medicinal, and yet I should think it might be similar in its action to the other species, which are regarded as active. I do not find that even Dr. Clapp, in his catalogue, published, some years ago, in the Transactions of the American Medical Association, has alluded to it.

Communications Received.—*Alabama*, Dr. E. H. Scholl—*Delaware*, Dr. D. W. Maull—*Indiana*, Dr. S. G. Reed, (with encl.)—*Iowa*, Dr. E. F. Horton, (with encl., for Dr. S. H. Sawyers,) Dr. W. Gutch—*Keutucky*, Dr. J. J. Burch, (with encl.)—*Maryland*, Dr. J. Dwinnelle, Dr. A. S. Forwood, Dr. F. Zacharius—*New Jersey*, Dr. G. Grant, Dr. J. T. Calhoun—*New York*, Dr. L. C. Hassell, (with encl.,) Dr. Ira D. Hopkins, (with encl.,) Dr. J. C. Dalton, Dr. M. Stephenson, Dr. A. P. DeWees—*Pennsylvania*, Dr. J. L. Suesserott, (with encl.,) Dr. S. M. King, Dr. Leisenring, (with encl.,) Dr. G. R. McCoy, (with encl.,) Dr. J. A. Reed, Dr. G. W. Smith, (with encl.,) Dr. D. O. Crouch, Dr. E E. Smith, (with encl.,) Dr. J E. Groff, (with encl.,) Dr. D. G. Schoner, (with encl.,) Dr. J. L. Atlee, Jr., (with encl.,) Dr. J. L. Cook, (with encl.)—*Tennessee*, Dr. Wm. Spillman—*Vermont*, Dr. S. R. Day, (with encl.)

Office Payments.—Dr. P. R. Wagenseller, (Pa.,) Dr. C. W. Backhus, F. C. Eckleman, Dr. Burmeister, Dr. A. H. Senseny, (Pa.,) Dr. S. M. Harry, (Md.,) by Mr. Swaine; Drs. Zorn, Keichline, Nordman, Hatfield, McQuillan, Hartshorne, Goodwillie, Hazzard, Pepper, Smith, Summers, Brooks, Dickson, Clapp, Powers and Weightman.

MORTALITY OF CITIES DURING THE WEEK ENDING SEPTEMBER 29, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	206	413	.....	.....	83	.....	.....	40	.....	.....	.....
Males	110	197	.....	.....	52	.....	.....	.....	.....	.....	.....
Females	96	216	.....	.....	31	.....	.....	.....	.....	.....	.....
Sex not stated	.....	.....	.....	.....	.....	.....	.....	40	.....	.....	.....
Whites	.....	400	.....	.....	.....	.....	.....	27	.....	.....	.....
Black and colored	.....	13	.....	.....	.....	.....	.....	13	.....	.....	.....
United States	160	268	.....	.....	52	.....	.....	.....	.....	.....	.....
Foreign countries	36	132	.....	.....	31	.....	.....	.....	.....	.....	.....
Nativity unknown	10	13	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	104	185	.....	.....	39	.....	.....	13	.....	.....	.....
5 to 10 years	12	18	.....	.....	} 4	.....	.....	.....	.....	.....	.....
10 to 20 "	9	17	.....	.....		.....	.....	2	.....	.....	.....
20 to 50 "	45	133	.....	.....	} 40	.....	.....	13	.....	.....	.....
50 and over	36	56	.....	.....		.....	.....	12	.....	.....	.....
Unknown	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	5	5	.....	.....	2	.....	.....	.....	.....	.....	.....
Cholera Infantum	8	19	.....	.....	7	.....	.....	.....	.....	.....	.....
Cholera	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	4	17	.....	.....	5	.....	.....	2	.....	.....	.....
Diphtheria	7	9	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dysentery	5	6	.....	.....	1	.....	.....	1	.....	.....	.....
Erysipelas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	.....	3	.....	.....	.....	.....	.....	1	.....	.....	.....
Fever, intermittent	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" typhoid	5	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
" typhus	1	6	.....	.....	.....	.....	.....	2	.....	.....	.....
" scarlet	7	16	.....	.....	3	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	6	.....	.....	.....
Hooping Cough	1	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Measles	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Respiratory Organs.											
Bronchitis	1	3	.....	.....	.....	.....	.....	1	.....	.....	.....
Congestion of Lungs	3	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Consumption	31	75	.....	.....	20	.....	.....	2	.....	.....	.....
Pneumonia	.....	13	.....	.....	2	.....	.....	.....	.....	.....	.....
Hemorrhage from Lungs	.....	4	.....	.....	.....	.....	.....	1	.....	.....	.....
Pleurisy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	4	7	.....	.....	2	.....	.....	1	.....	.....	.....
Convulsions	9	23	.....	.....	1	.....	.....	1	.....	.....	.....
Congestion of Brain	5	9	.....	.....	1	.....	.....	3	.....	.....	.....
Disease of Brain	3	3	.....	.....	1	.....	.....	1	.....	.....	.....
Delirium Tremens	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	5	2	.....	.....	4	.....	.....	.....	.....	.....	.....
Inflammation of Brain	.....	10	.....	.....	1	.....	.....	1	.....	.....	.....
Paralysis	2	2	.....	.....	3	.....	.....	.....	.....	.....	.....
Tetanus	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	3	8	.....	.....	.....	.....	.....	1	.....	.....	.....
Phlebitis	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	2	.....	.....	.....	.....	.....	1	.....	.....	.....
Hepatitis	6	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Inflammation of Throat	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	6	10	.....	.....	1	.....	.....	1	.....	.....	.....
Marasmus	13	40	.....	.....	1	.....	.....	3	.....	.....	.....
Peritonitis	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Cancer	4	5	.....	.....	1	.....	.....	.....	.....	.....	.....
Dropsy	5	6	.....	.....	.....	.....	.....	2	.....	.....	.....
Debility	10	10	.....	.....	4	.....	.....	1	.....	.....	.....
Fever	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Scrofula	3	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Fever	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Diseased Womb	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	9	12	.....	.....	9	.....	.....	1	.....	.....	.....
Poisoning	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	11	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
All other causes	19	44	.....	.....	11	.....	.....	2	.....	.....	.....

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Crystalline Lens and its Diseases.

No. 2.

Delivered at the Howard Hospital,

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to the Hospital.

DIAGNOSIS OF CATARACT, CAUSES, AND PREPARATORY TREATMENT.

In my last lecture, I entered upon the position, size, specific gravity, nature, injuries, and diseases of the crystalline lens, concluding my hour by referring to the diagnosis of cataract, a matter of the utmost importance to your future success, which I intend entering upon more fully at this time. I cannot do better for you than by relating briefly two cases. The first was a young man, who was sent me by a physician, and in the note which he brought with him, the case was described as one of *amaurosis*. This was the third physician who had had him under charge, and, I am sorry to say, had looked at his eyes, but not in a proper manner. The pupil was perfect, the eye natural, but vision very defective; no apparent opacity was at all visable to the unassisted eye, he had "muscæ volitantes" of a reddish color constantly floating before him; he was incapable of attending to his occupation, and was very much depressed in mind, owing to the unfavorable prognosis before given him.

Upon dilating the pupil with atropia, and examining the eye with a double convex lens by the light of a candle, all doubt at once was removed, by finding a beautiful cataract, still imperfectly formed, which could be removed by an operation. To be absolutely certain, (which we ought always to be if possible,) I examined him catoptrically, according to the method of Purkinje, and as this is one of our most essential aids in diagnosis, I will describe it. Having dilated the pupil of the suspected eye by means of the extract of belladonna, applying it in a soft state on a piece of muslin around the forehead of the patient, the night before, or the solution of atropia, dropped into the eye half an hour prior to the examination, and causing the patient to shut the eyes until the time has expired—the surgeon and the patient should be placed in a room, from which the daylight is entirely excluded; the patient should be seated on a stool or chair lower than that of the examiner, so that the observer may look down into the eye; a candle is to be employed which burns steadily, shaded by the hand of the examiner, that its light may not fall into his eyes.

When a lighted candle is thus held before a healthy eye, at the distance of a few inches, three reflected images of it are seen, placed one behind the other. Of these, the anterior and posterior are erect, the middle one inverted. The anterior is the brightest and most distinct; the posterior, the least so. The middle one is the smallest. The anterior is formed by the cornea; the middle by the posterior surface of the capsule and the crystalline lens; the posterior by its anterior surface. The cornea being a *convex* surface reflects an erect and diminished image, which moves in the same direction as the candle when this is carried laterally. The anterior crystalline capsule, being also convex, reflects a similar image, being, however, larger, but paler; while the posterior crystalline capsule being a concave surface, the image reflected from it is inverted, moving in a direction opposite to that of the candle, and is the smallest of the three. It may be proper for me at this time to state the optical law which relates to this

phenomenon, for the benefit of the more youthful part of my audience, namely, that instruments like the eye which operate on light by *refraction* are termed *dioptric*, and those which operate on light by reflection are termed *catoptric*.

In cataract, the superficial erect image which is formed by the cornea suffers no change, but obliterates the inverted image, even at an early stage, and renders the deep erect one, very indistinct.

'In estimating the changes which occur in the appearances of the images reflected from the eye in its several diseased states, it is necessary, as Dr. Staberoh has remarked,* to take into account two sources of these changes, viz: the state of the surfaces which form the images, and that of the media through which we see them." These two sources of error can be overcome at the present day by another most valuable and all-important aid to our diagnosis of cataract, viz: the ophthalmoscope. Its importance in diagnosis will be illustrated by the second case.

J. T., aged fifty-one, a man of wealth from one of our Southern cities, was brought to my office for the purpose of consultation, by a physician of this city. A distinguished and learned surgeon had pronounced his case as one of *cataract*, and he had given him a solution of atropia to keep the pupil dilated. The subjective symptoms in his case had been in active operation for six months, he, at that time, having tried his eyes with close and constant writing by the gas for some time, causing his vision to become much obscured in the left eye, and great lachrymation and pain on exposure to light.

The objective symptoms were those of chronic conjunctivitis with pterygium on the nasal side, several large muscular vessels passing into it, a few straight vessels running from the sclerotic to the cornea. On examination of the cornea, it was seen that there had been a certain amount of inflammation, causing the gray line around its circumference.

On examining by oblique illumination, by means of the double convex lens, nothing was found abnormal in the cornea, anterior chamber, capsule of the crystalline, or the lens itself. The catoptric test was also resorted to, and all the images were found perfect. The confirmation of the above was to be found in the use of the ophthalmoscope, which is to be employed, with a faint light, when we examine cases of cataract; for if the full flame of a gas burner is employed, the intense light renders very faint striæ invisible, and dense opacities appear as radiating black lines. But, to return to our case, a slightly diffused haze was found apparently in the vitreous humor, the entrance of the optic nerve was normal, and the retina presented a slightly-congested appearance, owing, perhaps, to the result of the long continued examination. Thus, the opthalmoscope at once sets at rest the cause of the opacity in the eye, by showing where the disease was situated.

We will now continue the subject of diagnosis, having described the means of arriving at such an important result by its application to two cases.

Subjective or physiological signs, abbreviated from Mackenzie:

1st. Impaired vision in cataract generally increases slowly for a time, and is compared to a mist, fog, or gauze, gradually becoming thicker, until everything seems concealed by it, or enveloped in it.

2d. The sensation of a mist or cloud is perceived most when the patient looks straight forward, and he always sees considerably better when he looks sideways. This is not the case usually in persons over the age of forty years, but applies to cases previous to that age.

3d. In bright light which causes the pupil to contract, fewer rays of light enter the eye, and hence vision is obscured; while at twilight, or, with the patient turned from the light, vision is improved.

4th. On looking at the flame of a candle, or gas burner, the light seems expanded into a larger globe of weaker light.

5th. In incipient cataract, the patient sometimes sees with one eye objects multiplied.

6th. If the cataract is central, a solution of atropia assists vision, but if the opacity is in the circumference, he is not benefitted.

Objective or anatomical signs:

1st. The cataractous patient approaches you with his eyes shaded with his hand, and his head turned downward, and to one side.

2d. The pupil contracts and expands as extensively, and as vividly as in the healthy eye.

3d. The cloudiness in incipient cataract is whitish, or of the bluish tint of milk and water.

In a letter to the President of the Royal Academy of Medicine of Paris, in 1842, Malgaigne

* Medical Gazette, Vol. XXI., p. 107, London, 1838.

asserted the positive fact that in the cataract in adults and aged persons, the opacity always commenced in the circumference, gradually spreading toward the centre of the lens. This fact has been confirmed by observations of Stellwag, made with the additional advantages which the microscope affords. This highly important application of these observations made by an original observer, Mr. Dixon, was published in the *Lancet*, in 1852. An elderly patient presents himself, complaining of some slight mistiness and indistinctness of sight. The iris may be active; the area of the pupil of natural blackness. Cataract will not suggest itself to the surgeon, if he be prejudiced by believing that it almost always commences in the centre of the lens; and he will, probably, regard the dimness of sight as altogether of nervous origin. But let him fully dilate the pupil with atropia, and then throw light upon each part of the lens in succession, by means of a convex glass of about one inch focus; he will, perhaps, find the whole posterior face of the lens covered with faintly yellow, opaque lines, radiating inward from the margin, and along the latter part, grouped together here and there into patches; or these marginal patches may exist at one or two points only, the hinder part of the lens being, to a considerable extent, clear. This would denote a still earlier stage of the disease. Or, again, in addition to opaque patches at the edge of the lens, a few striæ may be traced along the front surface, stopping short of the border of the natural pupil. The anterior position of these striæ can, of course, be at once recognized by a practised observer; but it may aid the less experienced to be told that the opaque streaks of a cataractous lens are in themselves white. Those on the anterior surface, therefore, being viewed through colorless media—the cornea and aqueous humor—retain their white appearance; while those behind acquire a yellow cast, from being seen through the still transparent part of the lens.*

According to Dr. Mackenzie and other good authorities, the following circumstances should be attended to in cases of cataract, before performing any operation:

1. The opacity; its color, extent, form, and seat. Whiteness denotes either a dissolved lens or a capsular cataract; grayness, a lenticular cataract; amber, or dark grayness, that the lens is hard; light grayness, that it is soft. If the whole extent of the pupil is uniformly opaque, the cataract is lenticular; if the opacity is streaked or speckled, it is more likely to be capsular. Baer states that in anterior capsular cataract the stripes are of a bright-gray, chalky-white, or mother-of-pearl appearance. Capsular cataracts, as a class, are tough.

When the cataract is complicated with glaucoma, it has almost always a greenish or sea-green color, is exceedingly large, so as to project itself from the pupil toward the cornea, with flashes of light and constant headaches. These latter cases must not be operated upon, as the patient never regains useful vision, and is very liable to arthritic inflammation. A dingy color of the sclerotica indicates an unfavorable eye for operation. A stony hardness of the eye is also unfavorable.

Causes of Cataract.—Advanced age; unusual, sudden, and strong irritation of light on newborn or delicate children; working over strong fires; too free use of malt liquors or spirits; wounds of the eye and of the lens. I am convinced, with Baer and Walther, that the greater number of cataracts are the result of inflammation of the lens and its capsule. Cataract is often hereditary or congenital. In a family that I attended, three persons were affected, two brothers and a sister. In frogs, it has been produced by the injection under the skin of various substances, in solution, as sugar, certain salts, &c. It has been produced by pressure; and we know that after death pressure of the eye causes opacity of the lens. The increased imbibition of the dense fluid in the capsule of the lens pressing upon it may produce this result.

Disease of the heart is often complicated with cataract. It is apt to be witnessed in the scrofulous, syphilitic, gouty, and rheumatic diatheses; also in cases of diabetes mellitus.

Medical Treatment.—A cure of perfectly formed cataract by medicines, has been hitherto deemed impossible. Commencing cataracts, however, are supposed to have been cured, both in former and even in our own times, by mercurials, antimonials, digitalis, belladonna, and pulsatilla. The most recent article, which received considerable attention from the Surgical Society of Paris, was Gondret's ammoniacal ointment; but it was shown, during the discussion, that those cases which were benefited were not cases of incipient cataract, but instances of an early stage of amaurosis. The operation still remains the only tolerably certain means for the remo-

* See Ruete, pl. xxxi, Fig. 3.

val of this affection, if the case is properly selected and a correct diagnosis made.

Treatment Preparatory to an Operation.—If the patient is in sound health, no preparatory treatment is required, but if otherwise, we must endeavor to bring him into that condition, by every means in our power, and not operate until this object has been accomplished. The state of the digestive organs should be carefully studied, as nothing, according to Dr. Jacob, seems to require more attention than the state of the tongue, as indicative of the state of the stomach and bowels. If it be white, or coated with discolored adhesive mucus, the functions of assimilation and nutrition are probably imperfectly performed, and a resulting tendency to destructive inflammation from local injury is engendered.

This is seen every day exemplified in accidental injuries of the cornea in stone cutting, chipping, and turning metals. If the patient has a clean tongue, and is otherwise free from disease, little inflammation, and still less of a destructive form follows the injury: but if the tongue be coated, with a thick yellow adhesive layer, ulceration and formation of purulent matter often ensue.

In preparing a patient for operation for cataract, this will therefore demand the first care of the surgeon, especially if he finds, as he often does, a deposition of lithates or other salts in the urine. He will also make inquiry as to the state of the discharges from the bowels, as to their color, consistence, and proportion of undigested materials, and also as to the frequency of discharge, not looking upon what is called costiveness as evidence of deranged digestion, but rather the reverse, undigested food seldom remaining so long quiet in the alimentary canal as the insoluble remains of thoroughly digested aliment mixed with the excrementitious part of the bile. This inquiry is not, however, so easily made as those who are satisfied with loose statements, suppose, and many think it unnecessary; but Dr. Jacob is fully convinced that attention to this matter is necessary for the success of the operation. Dr. Jacob, in the Dublin City Hospital, where I saw him operate in the summer of 1859, relies upon a moderate purgative pill, with blue mass or calomel at night, followed by some aromatic bitter infusion, containing a little alkaline salt, in the morning and middle of the day; at the same time, regulating the diet by restricting the bauntity and quality of the food, as well as the periods at which it should be taken. It is usual, in preparing for this and other operations, to make great alterations in diet, substituting liquid for solid, and vegetable for animal aliments. This, however, must be done with caution, leading, as it inevitably does, to disturbance of the digestive functions and interruption of the assimilating and nutritious processes, if suddenly or exclusively adopted. Without digestible nutritious food, good chyle and blood cannot be produced, and without good blood, local injuries are liable to result in destructive inflammation. Even in the case of old persons, habitually indulging in a glass of wine or other alcoholic stimulants, Dr. Jacob considers the suspension of that supply of temporary aid to the nervous system, should not be suddenly adopted; in fact, the substitution of "low living," and what are called "slops," for generous diet, should be gradually and sparingly practiced, if at all. In his own practice, he resorts to it as little as possible, and from a long experience feels inclined to resort to it less and less.

In particular cases, the surgeon may be called on to prepare his patient by special directions of remedies to specific derangements of health. Persons of languid circulation and feeble frame must be invigorated by generous diet and tonic medicines, while those who are plethoric must be restricted in certain articles of diet, so as to bring the system into a perfectly healthy condition. Scrofulous, gouty, or rheumatic constitutions must, if possible, be corrected; but as this is not easily accomplished, it is always proper to inform the patient or friends that such cases are always liable to inflammation, and that recovery of useful vision is seldom obtained even after the most successful operation.

In my next lecture, I will take up the consideration of the operations for cataract.

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An Indian Medical Journal.—By the last mail from India we have received a prospectus of a new Indian Medical Journal, entitled the *Akbare Tubabut*, or *Medical Gazette*. A specimen page, lithographed in Oordoo, is before us, and we are informed that the *Tubabut* is intended as "a medium of communication between native Doctors in Government employ and native Hakims, for the improvement of Medical and Surgical knowledge, and the greater alleviation of the many diseases to which the millions of inhabitants of this country are subject." We sincerely hope that it may succeed in the accomplishment of such desirable objects.—*Medical Times.*

COMMUNICATIONS.

Concussion of the Brain and Injury of the Pneumogastric Nerve.

By B. Woodward, M. D.,

Galesburg, Ill.

Claude Bernard took high ground when he enunciated the doctrine, "that most, if not all, forms of disease, depend on the irritation of the nerves."

Cases occur in the practice of every physician which, if closely observed, go to prove the general correctness of the assertion of the great physiologist. If this is the true doctrine of disease, it must, when well understood, have great influence in establishing a rational mode of treatment.

It is this view which leads me to give a history of a case in my own practice, as every well-established fact is of value in determining the correctness of a theory.

Ellen ———, servant in a family in this city, on the evening of the 30th of July last, fell from the top of a high flight of stairs into the hall below. In so doing, she struck her neck across the edge of the lower step. She was immediately picked up, and, as she did not breathe, was thought to be dead.

I saw her within a very few minutes after the accident. She was pulseless at the wrist; face, lips, and conjunctiva blanched; eyes and mouth open. Pressing my hand over her heart, I could discover a very slight and indistinct flutter, but no regular beat. I took the pillows from under her head, closed her mouth firmly, and taking her nose in my mouth, inflated the lungs fully, pressing on the thorax after every insufflation to expel the air. Keeping my hand on her heart, I found in about two minutes that the beat became distinct, and in about fifteen minutes she gasped slightly three or four times. It was half an hour before the pulse in the radial was perceptible, and two hours before she breathed without the artificial inflation. All this time the neck, which showed a dark red bruise all across the left side, from the edge of the stair, and the thorax, were well rubbed with stimulating liquids, and sinapisms were kept on the legs and arms. For twenty-four hours there was no perceptible motion of the diaphragm in breathing, neither was she sensible for a moment during this time. As soon as she could be made to swallow, hot, strong coffee and brandy were poured down her throat. Though breathing had been in a measure established within two hours from the time of the accident, it would be suspended at times for several minutes, and could only be re-established by inflating the lungs as at first. For twenty-four hours there was complete arrest of the urinary secretion, neither was she in the least conscious for the same length of time. There was complete aphonia for three days, and for two weeks partial, with dyspnœa and cough. It was four days before there was the least desire for food, though she took it in small quantities. She has since passed from my observation, having gone to her friends in another county; though I heard from her the last of August that she was very weak and had a bad cough. Previous to her fall she had been a remarkably strong, healthy girl. There was evidently concussion of the brain, manifested by the paleness of the countenance, and the insensibility. There was injury of the medulla oblongata, as shown by the arrest of the action of the kidneys; and injury of the pneumogastric nerve, paralysing the action of the heart, lungs, and diaphragm, and, to some extent, the stomach. The point of great interest to me is: the production of the cough, which was dry, hard and spasmodic. By the most careful auscultation and percussion of the chest, I was not able to find anything which should have produced it. The shock given to the nerves going to the larynx will account for the aphonia, but in what way did the nervous paralysis or irritation produce the cough? This is one of the points insisted on by Bernard; but the question with me is not so much the fact itself, as the mode or species of irritation, and whether it was expended on the lungs or diaphragm, or both?

There are points of interest in the case both physiological and pathological, which suggest themselves to every thinking mind; and perhaps you, or some of your readers, may think it worth while to throw some light upon them.

———o———

Spontaneous Combustion.—A disastrous fire recently occurred in Long Acre, London, caused by spontaneous combustion of lampblack. It is said that but a few drops of linseed oil in a cask of lampblack will cause combustion. If this is so, it is a fact important to be known that it may be guarded against. Merchants and others, who ship tarpaulins prepared with oil and lampblack, should be certain that they are thoroughly dried and seasoned before packing.

Dislocation of the Femur on the Dorsum Ilii of Right Side—Reduction—Fracture of the Upper Third of Tibia and Fibula—Laceration of the Left Foot and Popliteal Space—Death.

By W. B. Erdman, M. D.,

Of Millerstown, Pa.

J. Y., aged 50, while digging in an ore bed, was entirely buried by the bank caving in upon him. He was undermining, and the bank struck his left leg, and threw him down, burying him completely.

He was extremely prostrate from the shock and injuries received; there was hardly any pulse to be felt at the wrist. Although the patient lost some blood, the hemorrhage was so slight that there was no necessity of applying a tourniquet to the lacerated limb.

As the patient was in a very prostrate condition, the muscles were relaxed, and the dislocation of the femur was easily reduced by the admirable mode of reducing such luxations suggested by Dr. Wm. Reid, of Rochester, New York. It is certainly a great improvement on the mode of reducing dislocations, with pulleys, sheets, straps, and hooks, especially in a case like this, where the dislocation is accompanied with a fracture of the bones of the leg.

The following is Reid's plan, as described in the "Treatise on the Practice of Surgery" by Dr. H. H. Smith, (Prof. of Surgery in the University of Pennsylvania.)

"Reid's plan of Reducing a Luxation of the Femur upward and backward on the Dorsum of the Ilium, solely by Manipulation."—"Place the patient on his back, on a low, firm table, or, what is better, upon a quilt, folded and laid on the ground. Let the operator stand or kneel on the injured side, and seize the ankle with one hand and the knee with the other. Then flex the leg on the thigh; next strongly *abduct* it, carrying it over the sound one, and at the same time upward over the pelvis by a kind of semicircular sweep as high as the umbilicus. *Then abduct* the knee gently, turn the toes outward, the heel inward, and the foot across the opposite and sound limb, making *gentle oscillations of the thigh*, when the head of the bone will slip into the socket with a slight jerk, or an audible snap, and the whole limb will slide easily down into its natural position beside the other."

Stimulants were freely administered to the patient above alluded to, but no reaction took place, and he died in about five hours after the accident occurred. All the articulations of the bones of the left foot were lacerated and torn asunder; the blood vessels and nerves in the popliteal region of the same limb were all exposed, but without any of them receiving any injury.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

CHRONIC PLEURISY; DILATATION OF THE PULMONARY ARTERY; CARIES OF THE SPINE.

The patient is a young woman, not married, 22 years of age, born in Ireland. She entered the hospital on the 8th of September; she states that she was in good health until two years ago, when she "took a cold," and her health failed; she had pain in the back, but none in the side, and no cough.

Her present illness dates back two or three weeks before her admission into the hospital. When first seen by Dr. Meigs, she was suffering from severe pain in the dorsal region, shooting downward and forward.

On Inspection, the left side of her chest is found contracted, flattened, sunken in, and its anterio-posterior diameter diminished, as usually found in old cases of pleurisy.

Percussion over the right side yields full resonance; over the left side the percussion-sound, however, is dull, flat, almost toneless.

Auscultation. In the *right* lung, there is very good, healthy vesicular respiration, no rhonchi, no signs of bronchitis; expiration, however, is somewhat prolonged. On the *left* side, the respiration is harsh, crude; the vesicular murmur imperfect, and marked by a coarse friction sound.

All the physical signs thus indicate contraction of the lung, in consequence of chronic pleurisy, which formed adhesions binding the lung down, and there can hardly be a doubt that her sickness two years ago was an attack of pleurisy.

There is, however, another point of great interest in her case. On examining the heart, the apex beat is found in its normal position a little distance below the nipple; but a well-marked pulsatory impulse is seen between the second intercostal space to the left, and, on auscultation, the first sound of the heart is found roughened and accompanied by a peculiar squashy sound. This pulsation and roughened cardiac sound are caused by active dilatation, probably, of the pulmonary artery, in consequence of the contracted condition of the left lung. If we look at the anatomical relation of the parts, it is easy to see why the pulsation becomes apparent externally. The lung (which, in its natu-

ral condition, covers the heart) is in this case retracted, and thus the heart is brought nearly in contact with the thoracic parietes.

Another very curious phenomenon in this case is a *bronchial rhonchus*, heard on putting the ear upon the anterior upper part of the chest, which rhonchus is *synchronous with the cardiac rythm*, instead of accompanying the respiratory movements. This is in consequence of the impulse of the heart being communicated to some of the larger bronchi.

Finally, this patient presents a slight anterio-posterior curvature of the spine, which was discovered on examining her as to the cause of the pain, to which she is subject. There is caries of one or more of the dorsal vertebræ, which, together with the intervertebral substance, have been partially absorbed.

This case illustrates forcibly how important it is in cases of spinal disease, and in fact in all diseases, to make a close examination, and to inspect, feel, and see.

Pain is often, for a long time, the only subjective symptom of caries of the spine; and what an error to call it rheumatism or neuralgia, when inspection may at once lead to a detection of the true nature of the difficulty!

The treatment in this case should be to build the patient up by proper diet and a tonic course.

EPISCOPAL HOSPITAL.

Service of Dr. R. P. Thomas.

[Reported by Dr. B. E. Fryer, Resident Physician.]

THREE CASES OF SEVERE INJURY TO THE HEAD, WITH RESULTS.

Case 1. Michael O'D., an Irish seaman, while returning to his vessel after a debauch, fell a distance of thirty feet through the tressel work on the Richmond coal wharves. He was discovered by some sailors and brought to the hospital about six hours after the injury. When we saw him, he was comatose, blood oozing from both ears; breathing, stertorous; pulse, 50 and full, with a peculiar thrill; skin cool; pupil of left eye dilated; right contracted; paralysis of facial muscles of right side; he was restless and could not be roused. Upon examination, we found severe contusion of the right side of the head and face, with a fracture of the lower jaw at the angle; but no fracture of the skull was discoverable, which the symptoms led us to believe existed.

He was ordered liq. morph. sulph. f℥j, with ext. conii gr. iij, every four hours, to quiet the restlessness, and the head to be shaved, and ice constantly applied to it. The next day he was quiet—blood still oozing from ears; other symptoms the same. Ordered blisters to calves of legs, and an enema. On the fourth day, the oozing from the ears had ceased, and he began to show signs of returning consciousness; the pulse and respiration were nearly natural. On the seventh day, the following note was taken:—"He is unable to close his right eye, and unable to open the left. There is paralysis, both of motion and sensation of the nerves supplying the right side of face, and he cannot draw the left eye-ball either inward or upward. On examination with the aural speculum, both membranæ tympani are found lacerated."

At the end of four weeks, he was allowed to sit up, when we discovered that he was myopic in the right eye, and presbyopic in the left. It is now three months since the injury, and he is gradually recovering from the paralysis; his mental faculties are as good as ever.

That there was compression of the brain in this case, is easily seen from the symptoms; but whether there was or was not a fracture at the base of the skull, is difficult to say, though we strongly suspect there was. The compression, however, must have been limited in extent, as we had only paralysis of the oculo-motor and pathetic nerves of the left side, and of the facial nerve of the left.

Case 2. James Malone, Irish, aged 26, was admitted into the house with a severe injury to the head and body, caused by a loaded coal cart passing over him in an oblique direction. There was considerable hemorrhage from the left ear; the pupil of the right eye was dilated, and the lid shortly after dropped; the skin was cool; pulse slow and full; he vomited copiously; talked rationally. We could trace the line of contusion caused by the wheel, which passed from the nape of the neck up over the ear; but could find no fracture of the skull. The left membrana tympani was lacerated.

The day following his admission, the oozing from the ear had ceased; there was slight paralysis of the facial muscles of the right side; he complained of severe pain in the head; vomited a large quantity of dark blood. Ordered blister to calves of legs, and hydr. protiodid., gr. ¼, every four hours. By the fifth day, the paralysis had all passed away; but he still complained of severe pain in the head. At the end of two weeks, this man was allowed to sit up, and in four was discharged cured.

It is wonderful that such a weight as a loaded coal cart passing over the head did not produce a more serious injury.

In both of these cases, we had symptoms of fracture of the base of the skull, and in both a recovery.

Case 3. Hugh L., English, aged 40, was admitted into the hospital September 17, 1860, for an injury caused by the bursting of a large grindstone, at which he was working—one-half of which, flying in the air, struck him in the face in its ascent. The accident occurred about three hours before admittance; he was still suffering from shock; had lost about half a pint of blood; pulse 80—quick and easily com-

pressed; skin cool; pupils nearly natural; was quite restless; answered questions imperfectly. Towards evening, pupil of left eye became somewhat dilated; respiration sterterous; pulse 100.

The face was swollen to an enormous size. All but one of the upper teeth were knocked out; the superior maxillary bones were fractured in two places; the nasal bones and the nasal processes of superior maxillary were all fractured. There was considerable hemorrhage from both nose and mouth. The bones were moulded in position by Dr. Thomas, and a Barton's bandage applied, so as to keep, by the support of the lower jaw, the upper in position. He was ordered an ounce of beef tea and wine whey every two hours, with sufficient morphia to quiet him, and cold water to be kept constantly to head and face.

On the third day, erysipelas set in on left side, which was gradually spread over the whole face. There was now a profuse discharge of pus from the nose. Ordered twenty-five drops tinct. of chloride of iron and one grain quinia every four hours, with lead-water and laudanum to face.

On the fourth day, he was delirious, so much so that he had to be secured to be kept in bed. Ordered an enema.

At the expiration of a week, the erysipelas began to abate, and the man became more rational, and has been steadily improving ever since. The bones have all united quite firmly, and there is very little deformity, considering the severity of the injury. He is weak yet, but will be sufficiently well to be discharged in about ten or twelve days.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

(Service of Dr. Pepper.)

EFFECTS OF TOBACCO.

This patient is a common day laborer, between 50 and 60 years of age. He complains of having been out of health for two or three years, having lost flesh, his appetite declining, being troubled with sour stomach.

On close examination no organic disease could be detected. There is no enlargement of the liver, no pain about the chest, no cancerous disease of the stomach or pylorus, no tubercles in his lungs.

The patient states that for the last twenty-five years he has been chewing about one-quarter of a pound of tobacco per week, while he has also been using the weed freely in the shape of smoking. He had been told some months ago that smoking was hurtful to him, and having since stopped it, his health has improved, and he is gaining strength and flesh.

Prof. Pepper remarked, that tobacco was a very frequent source, not only of functional disturbances but of organic disease. Cases had fallen under his observation in which the effects of the abuse of tobacco closely resembled delirium tremens; we must, however, be careful in the sudden withdrawal of the article, which the system, so long accustomed to its use, can often not bear.

Treatment.—Let him continue to abstain from smoking, and gradually stop chewing tobacco, substituting in its place chamomile flowers.

JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

[Reported by Mr. N. G. Blalock.]

INJURY OF THE HIP JOINT.

This patient was a little boy, six years of age, who three months ago had received an injury, by falling a distance of three or four feet from a chair, and injuring his left hip.

When standing up, the left ilium was raised, so as to render the leg of the same side apparently shortened; at the same time there was an incurvation of the body from left to right.

It was at first supposed to be a case of anchylosis; but the patient being put under the influence of chloroform, in order to make a thorough examination, it was found that there was only partial rigidity from inflammation set up in the joint, in consequence of the fall; that plastic material had been thrown out, causing evidently thickening of the synovial membrane and roughening of the articular surfaces.

The incurvation of the body in this case is caused not by any actual displacement of the vertebræ or hip, but is the natural, instinctive effort of the child to relieve the pain. By raising the hip and bending the body toward the sound side, the acetabulum is separated as far as possible from the head of the femur, thus preventing friction and pressure of the inflamed parts. It is the natural effort of nature to secure rest.

Treatment.—The main object should be to cause absorption of the plastic matter effused, and to reduce the thickened membrane to its normal condition. The hot and cold douches, used in immediate succession twice a day, and followed by friction with soap liniment, to which a little veratria may be added, will be of service. There may be considerable difficulty in removing the incurvation of the body. The passive motion should be repeated every twenty-four hours.

CANCER OF THE BREAST.

A. C., a colored girl, aged 22, unmarried, has been suffering for two years from a tumor in her right breast. It occurred first in the form of a small lump, the size of a hazel-nut, movable, painless. It remained stationary until eighteen months ago, when it began to grow very fast, until it assumed the size of a fist, and recently it has become painful, the pain, as she

describes it, being of a stinging character. The nipple is not retracted.

Her general health is good; functions regular. There was no swelling of the glands of the axilla or neck.

Dr. Gross remarked that the tumor had more of the external features of encephaloid than of scirrhous. The case was one favorable for an operation, but as the disease was sure to return, the prognosis must hence be guarded.

The entire gland was removed by making a vertical eliptical section of the skin, and dissecting out the mass. The wound was closed by the metallic suture.

STONE IN THE BLADDER—LITHOTOMY.

A boy, four years and a half old, was brought in the clinic, with the following history:

He has been suffering for ten months with pain in the bladder, and irritation in the glans penis, with a con tinued desire for micturition, having to pass his water fifteen to twenty times in twenty-four hours. His general health is good. On sounding the bladder, the stone was readily detected.

Before attempting an operation, the patient's system should be thoroughly prepared, by administering mild cathartics, light diet, imposing rest, and on the night previous to the operation, the bowels should be thoroughly cleansed by a sufficient dose of castor oil.

In performing the operation of lithotomy, we shall divide the integument, areolar tissue, superficial fascia, transverse perineal muscle, membranous portion of the urethra, deep fascia, the left lobe of the prostate gland and the neck of the bladder. The patient being put under the influence of an anæsthetic, a grooved staff should be introduced into the urethra and bladder, and be held by an assistant, who should stand on the left side of the patient. In an adult, commence the incision about an inch above the anus, and carry it downward and outward, one and a half inches below the anus. In a patient of this age, of course the incision is not made so long. The internal opening should be as small as possible, compatible with the easy extraction of the stone.

The operation was then performed by Dr. Gross in the manner described. The stone was about one inch in its long, and three-quarters of an inch in its transverse diameter, with a somewhat roughened surface. The parts are not sown up, as in other wounds, but allowed to unite by the granulating process. The general after-treatment should be antiphlogistic.

VARICOSE ULCER.

Mr. M., aged 30, of good general health, has an ulcer of eighteen years standing. It is situated on the inside of his left leg, extending from the ankle joint up the limb, a distance of about three and a half inches. The internal saphenous vein is enormously enlarged, and the coats very much thickened, containing in some portions stones or *phlebolites* of considerable size. All attempts have hitherto failed to heal this ulcer, and always will until this varicose condition of the veins be removed. I shall therefore endeavor to relieve them by performing subcutaneous ligation in three or four places. This I shall do by passing a stout pin through and out on the opposite side. A strong silk the integument below the vein, ligature is then passed around both ends of the needle, and firmly tied, so as to enclose firmly the vein. We shall confine the man to his bed, and treat him antiphlogistically, giving him immediately an anodyne. After the veins are relieved of their varicose condition, and the natural circulation is established, the ulcer can be healed. We should always be very cautious in performing an operation on veins, from the fact that they are subject to inflammation, much more so than arteries. This man's general health is good—habits formerly intemperate. The result of the case will be reported hereafter.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

Wednesday Evening, October 10th.

Dr. Isaac Remington, President.

Subject for Discussion: Opium as a Therapeutic Agent.

Dr. G. Hamilton opened the discussion by reading the following paper:

The subject for discussion this evening (introductory to which I have been appointed to make some remarks) is "Opium, as a therapeutic agent." Opium, or at least a substance closely resembling it in its effects on the human system, has been known and employed in medicine from the time of Hippocrates, or perhaps still earlier. And it is a somewhat singular and highly significant fact, that, during the lapse of so many ages, it has, with exceptional periods, continued to maintain the character of one of the most valuable medicines known to the Healing Art. We shall not perhaps err much in saying, that, at the present moment, its reputation as a curative agent is higher, in the estimation of our profession, than at any former period of its history. I repeat, as a

curative agent. For, whilst we are bound to admit that the sagacity of a Sydenham and a Pringle had long ago discovered in opium, qualities not merely palliative, but eminently remedial in their character, it seems to have been reserved to the times of a more enlightened physioiogical and pathological science to appreciate the real importance of this agent, and to define, measurably at least, the extent and applicability of its powers in the alleviation of suffering, or the prevention and cure of disease.

In regard to the action of this medicinal agent upon the system, and the various effects it is capable of producing, either in the normal or abnormal condition, much diversity and even contrariety of sentiment has always existed. Nor is this to be wondered at. For when it is considered that the primary operation of opium is nearly always, perhaps exclusively, upon the nervous system, the difficulty is easily understood. Even in our own time (notwithstanding the arduous and incessant labors of the physiologist and pathologist, aided as they are, too, by a more advanced physical, chemical and microscopical science,) the same difficulties to a great degree exist, and must continue to exist, so long as the normal functions of the nervous system are not more fully comprehended, and, above all, so long as the correlative movements of the three great divisions of this system are so imperfectly defined and understood.

The most generally-received opinion, however, at the present time, is, that opium, (and *by this term I mean the drug or any of its legitimate preparations,*) in a moderate or even large dose, is stimulant in its primary action, especially to the brain, and sedative in its secondary effects. The secondary action may be the result merely of the previous stimulation, or is possibly the more direct effect of some ulterior action inherent to the drug. The former is the more probable, inasmuch as the primary stimulation and the secondary depression are generally in mutual correspondence. When opium is given in an excessive dose, it exercises a directly narcotic influence on the entire nervous system, or if any excitement precedes, it is so short as scarcely to be noticed. Of the different portions of the nervous system, the cerebrum, as before intimated, is that on which opium seems to act with greatest energy; and the anterior part, where the more prominent of the intellectual and moral faculties are supposed to reside, is thought to be more particularly susceptible to its influence, and hence, as some suppose, the reason of the psychological phenomena and the impairment of the sense of smell and vision sometimes observed.

Be this as it may, conclusive evidence of the stimulant action of opium upon the cerebrum is afforded in the daily use of this article by so large a proportion of the inhabitants of the East, and more especially by the followers of Mahomet. To these people, opium must be viewed as the mere substitute of vinous and spirituous potations; and the charm of its operation is to be sought in a peculiar excitement of the brain, sometimes quiet in its character, and attended by sensations of a subdued but highly-agreeable kind, or sensuous dreams, and visions of beatitude; and, in other instances, from excitement of a more active or peculiarly-modified character, by an increased sentiment of courage and of high resolve, enabling them to brave death, in whatever shape it may present. Leaving aside, however, evidence of this sort, and directing our attention to that which we find in our own sphere of observation, something like the following may generally be observed after the lapse of about forty minutes in those who have taken a small or moderate dose of opium. A slight sensation of fullness of the head, or throbbing of the temples; an increased glow of the whole cutaneous surface, terminating nearly always in perspiration; exaltation of the intellectual, moral, and imaginative sentiments; serenity of mind or the reverse; visual perceptions of objects of a strange, uncouth, or frightful character; sooner or later obliviousness; and, finally, sleep. From a larger dose there may be tension of the forehead or dizziness, redness and suffusion of the eyes, illusions, both of sight and hearing, confusion of ideas or delirium. To these symptoms, by a further increased dose, are superadded tension of the muscles, producing rigidity of the limbs, or unequal distribution of nerve-power, producing trembling or convulsive movements, insensibility to surrounding objects, loss of consciousness, fixed, immovable features, contraction of the iris, drooping of the eyelids, palor, slowness and feebleness of pulse, sometimes a fullness of pulse, slow respiration, coolness of surface, and at length congestion so perfect as to simulate very nearly the apoplectic state. These phenomena and others often noticed, clearly indicate with what power opium directs its operation upon the brain, although a part of them are equally dependent upon the spinal and ganglionic systems.

The symptoms just detailed are presented to our observation in the normal condition of the organism in one unaccustomed to the action of opium, and presenting none of those numerous pathological conditions, whose existence so frequently calls for the use of this remedial agent, and modifies to such an extraordinary degree its operation upon the entire or separate divisions of the nervous system. As may be supposed, the different organs and functions of the economy come in for their share of the widespread influence of this agent. The digestive organs, in particular, partake of it, and it seems somewhat singular, that whilst the appetite is, as a rule, diminished, thirst is greatly increased. The loss of appetite, in this case, has been attributed to diminished secretion of bile and pan-

creatic juice, but a more plausible explanation may perhaps be found in a diminished nutrition and consequent depressed state of all the processes depending upon the nerves and centres of organic life. The constipation of bowels, so commonly noticed, may also be properly attributed to the same agency. Nausea and vomiting are of frequent occurrence, and, according to Trousseau and Pidoux, females are annoyed in this way, in the proportion of nearly three to one, as compared with males, thus showing that the more nervous the temperament, the greater the proneness to gastric disturbance. The secretions are in general diminished. So far, however, as the bile is concerned, a reasonable doubt may exist, that any diminution of this secretion occurs, other than the general depressed state of the nutritive function would render necessary. This condition of the organism may, perhaps, in fact, account for all the changes observed in the secretions, no more of each being furnished than the exigencies of the economy may at the time require. Yet even here, anomalies are found to occur; the secretion of urine, according to the showing of the authors above quoted, being increased in males, after four or five days use of the salts of morphium, in about one-fifth of the whole number of subjects. Perspiration is nearly always increased by a moderate or full dose of opium, and this increased activity of the cutaneous exhalants is generally accompanied by an increased action of the heart and arteries, as is shown in such cases by increased color of the surface of the body. As in ordinary circumstances, so, under the use of opium, an inverse relation obtains between the action of the kidneys and that of the skin, and whilst the kidneys in males, so the skin in females, is found to be as a general rule most active: and hence the more abundant perspiration in the latter, due perhaps to the greater delicacy of the dermoid tissue. It has been noticed that perspiration, produced by the external application of the salts of morphium to a denuded surface, shows itself first in the vicinity of the part to which it is applied; but the same circumstance, I believe, has been observed in perspiration, occurring, as it often does, from the action of a simple vesicatory. The action of opium is more promptly manifested when applied in the form of one of the salts of morphium to a denuded surface than when received into the stomach; and when injected into the cellular tissue or into the blood vessels is still more decided. When injected into the bowels, its action is likewise soon perceived, and, according to the testimony of most of the French writers, it produces even more powerful effects, used in this way, than when taken into the stomach: in explanation of which they allege it is less exposed to alteration by the juices, and is exempted from the action of the stomach.

Our own experience, on the contrary, as that also of English practitioners, is decided in regard to its diminished power when so employed. Various circumstances pertaining to the individual tend to modify in a marked degree the action of opium upon the system. Other things being equal, the nearer to birth, the more susceptible is the system to its influence. This circumstance has led some writers, of good standing, to doubt the propriety of its employment in the diseases of young children, but, as we think, without sufficient ground. For, as the nervous system is that in which disease or commotion shows itself most frequently in young children, so is it that in which opium displays its most beneficial influence as an anodyne, sedative, or remedial agent. Redoubled caution is alone required in these cases. Next, after children, females are most readily affected by opium, and many of them to such a degree, from its action upon the brain and stomach, as to render them wholly unable to support its operation, even in minute doses. There is reason, however, to believe, that in many seeming cases of this sort, when combined with proper correctives, and employed with great caution and strict regard to the peculiarities of the case, and persevered in, until a full trial has been made, the beneficial effects of the medicine might at length be secured. With opium, as with some other medicinal agents, intolerance of its action, on the part of the stomach or nervous system, will sometimes, after a few trials, give way. In instances of this kind, much will depend on the particular preparation selected, combination, and mode of administration. Excessive pain or cramp, and certain affections of the nerves, whose pathology is not well made out, modify to an extraordinary degree, or even wholly resist the action of opium, as we have evidence of in tetanus.

As regards the particular mode of operation of opium, a great deal might be said, and yet in truth we know but little more than this: that whilst it seems capable of a diminished effect, from direct contact with the nerves, it owes its more powerful influences upon the human organism to absorption into the blood, as is clearly evinced in the fact of the narcotism of children, from imbibing the milk of a mother under the narcotic influence of opium. The system once brought under its action, symptoms either of excitement or depression may appear; this depending upon the dose, lapse of time after taking it, idiosyncracy, condition of the stomach as to repletion or vacuity, state of the general system, or of some special organ, and many other circumstances, some of these known, and by far the greater part entirely beyond our ability, in the present state of pathology to fully appreciate. A moment's reflection will serve to show the rôle an article of such singular and transcendant powers must perform in Therapeutics. As a medicinal agent, opium may, in truth, be said to be without a rival. Nor is it to be wondered that Sydenham should have re-

garded it as a gift of Heaven for the alleviation of man's sorrows and pains, nor that he should have said of opium—"*ut sine illo manca sit et claudicat medicina*"—without it medicine goes hobbling along. If we but reflect upon the extent and variety of the influences of this substance upon the normal condition, we may form some idea of the extent of its applicability to the numerous pathological states to which the economy is constantly exposed. As before intimated, many of these conditions are obscure in their manifestations, and a corresponding doubt and difficulty often besets the path of the practitioner as to the extent of employment or non-employment of this agent so potent for either the weal or wo of his patient.

It is in this point of view especially incumbent on the physician to attend *closely to the various contraindications, and particularly in the case of children.* As a rule, opium is not to be given in fever or inflammation with great arterial excitement and strong determination to the brain, nor in the reverse condition of great venous congestion, the latter being the more dangerous of the two. It is likewise contraindicated when any known peculiarity of constitution leads us to fear apoplexy, In cough, accompanied with excessive bronchial secretion and great debility of the general powers, such as often exists in persons of advanced age, and in addition feeble pulse, the consequence of organic disease of the heart, its use should, if possible, be avoided. But it is difficult to establish rules in things of this nature, *and they could at best meet but a limited number of the emergencies* constantly arising. The judgment of the practitioner at the necessary moment must be the guide.

Exercising its influence mainly upon the nervous system, opium is found to be especially prompt and useful in its action in the class of diseases and commotions called nervous. No other article of the materia medica is comparable to this in its general power of calming the agitation and removing the malaise so often experienced in disease, nor in its efficacy in allaying exalted sensibility, subduing the severest attacks of pain, and in procuring repose and sleep. Of these various affections, pain is the most difficult to bear, and, fortunately, in a large proportion of cases, it is that which is most amenable to the action of opium. The power of this medicine in allaying the most intense agony may well challenge our admiration and excite our surprise. The character of the pain, its location, and the particular state of the vital functions will enable us to determine the particular preparation to be used, as well as the extent and mode of its employment. The dose necessary in some cases of purely nervous spasm or cramp is very large, yet in such instances it is seldom productive of ill consequences or material inconvenience. When pain is connected with vascular irritation or a degree of inflammation, a more moderate and prolonged use of opium is demanded. Inability to sleep is one of the most common, harrassing, and debilitating conditions we meet in practice. Its causes differ much, some of them arising from transient and obvious reasons, others obscure in their origin, and still others depending upon constitutional proclivity. The first are, of course, most amenable to treatment, and consist chiefly in pain of greater or less degree, and in a certain (to the patient generally indescribable) feeling of malaise, maintaining a general nervous irritation of the whole system. In such cases, opium alone, or combined with antispasmodics, affords the greatest relief. Yet as such a condition is very often the attendant of fever, either idiopathic or connected with inflammation, close attention should be given to the contraindications, and the treatment modified accordingly.

Of special diseases in which opium is more particularly employed, I will mention some of the more prominent, without, however, confining myself to any strict order.

In the treatment of *Neuralgia,* great relief is often obtained by a liberal and judicious use of opium. But here, again, the real origin of the affection is frequently obscure, and whilst many cases (no doubt of eccentric character) are susceptible of amelioration or cure, others, owing their origin to causes of another kind, prove intractable to this and all other medication, and admit only of temporary relief. In such cases relief has been obtained by the injection of the cellular tissue over the track of the nerve affected, after the failure of the ordinary mode. The utility of opium in the management of *Delirium Tremens* has been hitherto generally conceded. The chief difference of opinion was and yet is, in determining the proper dose and the frequency of its repetition. Here practitioners are still at variance, for whilst the rule with some is to direct opium until sleep is obtained, others are disposed to hesitate after having fruitlessly given a number of very large doses; and a third set are content with administering very small doses, and that with watchful solicitude as to the effect. The number of cases of the affection in question in my own practice has been too limited to enable me to discriminate which of these modes of treatment is most consonant with the pathology of this disease, or most conducive to the welfare of the patient. Whilst it is certain that persons have recovered from these attacks, after taking an amount of opium just as large as those we read of it is perhaps not so clear that they recovered in virtue of these inordinate doses. Constitutions, capable of resisting the operation of such an amount of opium as we both read of and know of, may fairly be supposed to possess no small share of recuperative energy. Be this as it may, the practice cannot be deemed otherwise than hazardous, and the patient, no doubt from time to time, suffers the disastrous results attaching to this excessive use of the medicine. A mode-

rate and guarded employment of opium in instances of this sort, aided, as the exigencies of each case may seem to demand, by alcoholic stimulus, will probably exhibit a more satisfactory statistical result. Sleep has, in cases of this kind, (as in many analogous states of the brain and nervous system,) often followed the sudden suspension of the medicine.

In *various spasmodic affections*, external or internal, depending for their exciting cause upon excessive pain, opium affords the quickest and surest relief. Where, however, no such exciting cause is discoverable, caution is to be observed, with a view to determine as nearly as possible whether the irritation productive of convulsion be of peripheric or centric origin, as in the former only can much benefit from treatment be expected. Of this particular class, the convulsions of children, occurring generally between six months and three or four years of age, are those most frequently demanding our attention. They are nearly always caused by the irritation of teething, or by intestinal irritation, from improper or undigested food. These convulsions generally assail suddenly, without apparent previous indisposition, though, in other cases, fever, with slight twitchings of the tendons, precede for a short time. In either case, after the evacuation of the stomach and bowels by an antispasmodic purgative or injection, if the case be pressing, and giving proper attention to the state of the gums, an injection of laudanum and starch has often been productive of more benefit in quieting irritation and obviating returns of the convulsive movements than I have usually seen from bleeding, leeching, and the various topical applications generally resorted to in such attacks, although these may be necessary precautionary measures, in view of the tender organization of the brain in children, and its remarkable proneness to disease.

In the *modus operandi* of opium in relieving these and analogous affections of the nervous system, we may see a full exemplification of its extraordinary sedative and anodyne powers, when properly employed. Nor are these powers confined to any one of the three great divisions of the nervous system. For in the affections alluded to, it is sometimes the brain, sometimes the spinal marrow, and at other times the nerves and centres of organic life that are most implicated.

Now, whilst it would be exceedingly difficult to define the precise extent, to which any one of these systems might be involved, as compared with another, and still more difficult or impossible to appreciate the *correlative movements of these different systems* in a given case of disease, it may, perhaps, be doubted, whether in pathological states we are not in the habit of attaching too much importance to the brain, and too little to the centres and nerves of organic life. The different affections, to which reference has been made, are chiefly eccentric or peripheral in their origin, *and it is with this peripheral system that the sympathetic nerves and ganglia have their closest relation;* and the inference we think a rational one, that the sedative and anodyne power of opium is exerted quite as much or more in allaying morbid irritability in this system, than in merely blunting the perception of this morbid condition in the brain.

[*To be continued.*]

EDITORIAL DEPARTMENT.

PERISCOPE.

TREATMENT OF DELIRIUM TREMENS BY LARGE DOSES OF DIGITALIS.

In the number of September 29th of the *Medical Times and Gazette*, Dr. G. M. Jones, Surgeon to the Jersey General Hospital reports his treatment of delirium tremens by large doses of digitalis. As the subject is of considerable interest, showing how large doses of this drug may be borne in certain conditions, we give Dr. Jones' views somewhat in full.

"About twelve years ago I was called to see a patient with delirium tremens, residing about a mile from my house, who was almost *in articulo*. I prescribed a dose of chloric ether with tincture of opium; but the wife, who came for the medicine, took, by mistake, a phial containing *one ounce* of tincture of digitalis. I discovered the error, and was horrified when I heard that the patient had taken this dose; but no less surprised than pleased when I also heard that, instead of being poisoned, he was very much better. Under ordinary treatment, I fully believed he would have died; but after this single dose he rapidly recovered. Profiting by this hint, I began to give digitalis in all the cases of delirium tremens which came under my care in hospital and private practice; and during the last twelve years I have adopted it in at least seventy cases—this effect of drunkenness being very common in Jersey.

"As to the dose, experience has taught me that the best dose is *half-an-ounce* of the tincture given in a little water. In some few cases, this one dose is enough, but generally a second dose is required four hours after the first. In some cases, but very seldom, a third dose is called for; but this hardly ever need exceed two drachms. The largest quantity I have ever given was *half-an-ounce* at first, *half-an-ounce* four hours afterward, and another *half-ounce* six hours after that—making an ounce and a-half in ten hours.

"As to the effects of these doses, my impression is that the action is on the brain, not on the heart. The pulse, so far from being lowered

in force, becomes fuller, and stronger, and more regular, soon after the first dose. The cold clammy perspirations pass off, and the skin becomes warmer. As soon as the remedy produces its full effect, sleep for five, six, or seven hours commonly follows; sleep is the guide as to the repetition of the dose. No action on the kidneys is evidenced by any unusual secretion of urine. Sometimes the bowels are slightly acted on, but not commonly. I have never once seen any alarming symptom follow the use of these large doses of digitalis. The only case I have lost since adopting this treatment had a tumour in the brain. In three only was other treatment adopted after digitalis had failed to procure sleep; in other words, in sixty-seven out of seventy cases digitalis was the only medicine used, and sixty-six of these patients recovered. I do not mean that these are the exact numbers of those treated; I am certain as to the death, but I may have had more recoveries. I am well within bounds in saying seventy cases in twelve years, and that all of them were well-marked cases of delirium tremens. Slight cases of nervous derangement after drinking I have seen in great numbers; but I speak here only of such cases as required active treatment. My previous experience of the results of the treatment by opium, or some of its preparations, by anti-spasmodics, etc., had certainly been much less successful; the proportion of deaths was larger, and the recovery much less rapid. Again, I have treated more than one patient successfully by digitalis, who, in subsequent attacks elsewhere, has been treated by opium and died; and in many of the cases in which I have used digitalis successfully, opium had been previously given without any good effect.

"I will only allude to one case in illustration: On September 9, 1860, I was called to see a gentleman, 48 years of age, who was in a very alarming state, having been without sleep four days and nights, having been 'muddled' for two months before, and having previously had 'fits of the horrors.' He had been treated by another practitioner by opium in moderate doses, but had become worse, and when I was sent for it was the opinion of Mr. Spencer Wells and Mr. McCrea—who accompanied me in my first visit—that the case was as bad a one as *they* had ever seen; certainly *I* never saw a worse. The pulse was almost imperceptible; the skin covered with cold, clammy perspiration; the face deadly pale; the lips blue; the hands tremulously grasping the air; the eye expressive of great fear; the mind gone; he was muttering incoherently. With some difficulty I passed half an ounce of tincture of digitalis down his throat in the presence of my friends. In a few minutes he became more tranquil, the pulse was felt more easily, and we left him. After four hours I found that he had not slept, but he was rather more sensible, less tremulous, and warmer. I accordingly repeated the dose. Three hours after that, as he had been still without sleep, though in other respects improving, I gave two drachms more, making ten drachms in seven hours. After this he had some sleep, and had slept at intervals during the night. The next morning Dr. Ballard saw him, with my other friends, and all of them were much pleased with the great improvement manifested. He was sensible, his fears had disappeared, he was very slightly tremulous; the skin was warm, the tongue moist, and the pulse full and regular at 90. The heart's sound and impulse were normal; the bowels had acted once, and urine had been passed in natural quantity. After this he took some broth, drank freely of imperial and lemonade, but took no stimuli of any kind, or any other medicine. He slept uninterruptedly for three hours and a-half in the afternoon, and at intervals in addition. The next night was a good one; and when he was seen by my friends again the next morning he was almost well, and calling out for a mutton-chop."

PERCHLORIDE OF IRON IN DISEASES OF THE SKIN.

As the result of numerous trials, M. Devergie arrives at the following conclusions:—1. It is the most efficacious agent which has been employed in the internal treatment of *purpura simplex* and *hæmorrhagica*. 2. It may be employed with much advantage internally in the cachectic and anæmic condition which so often accompanies certain forms of disease of the skin, as *rupia*, *ecthyma*, *cachecticum*, *impetigo scabida*, and atonic ulcers of the lower extremities. 3. It is not of the same value in active hæmorrhages or in the acute forms of the diseases just named. 4. Employed externally, in the liquid form, in different degrees of strength, it may exert great influence in modifying the condition of wounds; atonic, scrofulous, and syphilitic ulcers, and various forms of chronic disease of the skin, accompanied by secretion. Under its employment obstinate morbid conditions have yielded which have resisted a great number of external agents. 5. Its use, in the form of ointment is most advantageous in the declining period of diseases with secretion; but used in pretty strong doses; it is also useful in certain squamous affections, diminishing the period of time necessary for the application of such disagreeable substances as tar or cade oil.—*Bulletin de Thérapeutique*, tome lviii. p. 297.

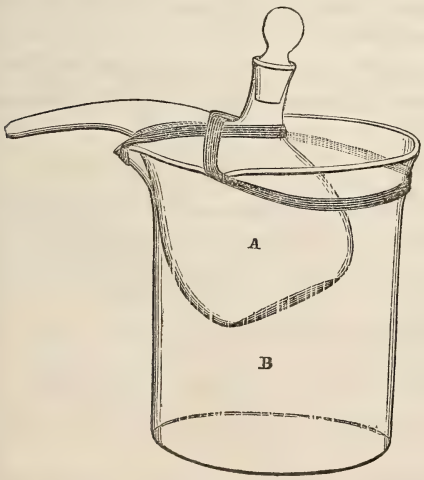
APPARATUS FOR THE LOCAL APPLICATION OF STIMULATING OR ANÆSTHETIC VAPORS.

Dr. Dewees, of New York, in a letter to Dr. Douglass, of the *American Medical Monthly*, describes his apparatus as follows:

Dr. Douglas: *Dear Sir*—In reply to your note respecting my instrument for etherization and vaporization in certain diseases of the ear, I will furnish you with a drawing of its arrangement, and a description of its use, as employed

by me, not only in aural disorders, but also in neuralgia requiring local anæsthesia, and some diseases of the spinal column in which topical irritation is called for, varying from an artificial glow up to absolute cautery.

The instrument originally used by me during the last fourteen years is still in my possession; but, from the inconvenience and imperfectness attending vaporization by the heat of the hand, or by holding it in warm water, I have laid it aside, and have contrived the one to which you refer. This instrument (see cut) consists of a delicate Bohemian glass retort, with a nozzle projecting an inch and a half, perforated by a capillary aperture. The supply-tube of the retort rises about an inch above the level of the curved neck, thus allowing greater freedom in pouring in the fluid to be evaporated. A cork stopper, with an elastic cap or holder to prevent its expulsion, or a ground-glass capillary tube stopper, closes this entrance, the one or the other to be used according to circumstances of application. The retort, when charged with the fluid to be evaporated, is then lodged within a hard glass receiver, three inches high, having its rim lipped deep enough to embrace the projecting nozzle of the retort, thus affording greater steadiness, besides serving as a catch for the elastic band retaining the nozzle in its projection. Small nipple-like catches are studded on the opposing centres of the rim of the receiver, to afford resisting points for the elastic back band, which passes from under the posterior rim across the front of the supply-tube. By these two elastic bands, the mobility of action is fully commanded in the projecting nozzle.



The mode of using this simple but astonishingly effective little instrument requires but little practice to regulate it to the necessities of the case. About two drachms of ether are to be poured into the retort when secured in the receiver. The stopper should be firmly fastened, and the finger can be readily placed over the nozzle aperture during or after the introduction of the warm water or sand into the receiver. A rushing or blowing sound of the escaping vapor or gas immediately ensues through the aperture, if uncovered. The nozzle is then introduced within the auricle, and a little experience will soon teach the time and proper distance (from the drum) of the application. Moderately warm water will only be required for sulphuric ether, the degree of heat to be varied according to the specific gravity of the evaporable fluid, and according as a slow or rapid disengagement is needed.

Besides its use in etherization of the ear, this little instrument affords in neuralgia the most elegant mode for the application of local anæsthesia, the constant current from the evaporating ether, chloroform, &c., being readily applied directly to the suffering part, and made to follow the course of the painful nerve. When it is wished to apply the anæsthetic locally, I use a ring of adhesive plaster or of kid, to prevent the diffusion of the vapor over the surrounding parts. A common pill box, perforated to admit the nozzle of the instrument, and applied over the part, also answers well. In inhalation, or in etherization, through the Eustachian tube, the capillary glass stopper will be found preferable, as it admits a sufficient admixture of air, as well as an outward communication for breathing.

In certain spinal or nervous disorders, this instrument affords a most ready and exclusive mode of applying heat, which can be made to vary from a simple glow to the moxa or absolute cautery. This is effected by igniting the jet as it passes through the capillary tube of the nozzle, the amount of force being regulated by the evaporizing temperature employed, and the distance from the part. The circular protection above mentioned is useful when the moxa is required.

In some of the diseases of the ear where, beside the anæsthesia to the inner nervous distributions, a *local stimulant* or *irritant* to the drum or the auricle is wanted, this instrument offers a ready method of effecting the desired end, viz. by adding to the ether, or other fluid, a volatile stimulant, as for instance, the ess. ol. sinapis, diluted. No practitioner should be without one, from the extensive capacity of the varied adaptability of the instrument. In diseases of the ear, or in neuralgia, it can safely be intrusted to a patient for self-application. Many volatile substances can be directly applied through its agency."

Dr. Levis, of this city, accomplishes the same object, with probably as much efficiency, in even a simpler manner. He uses a bottle of almost any size, with a capillary glass tube perforating its cork. Ether is poured into the bottle, and the heating for evaporation effected by simply wrapping around it a towel or cloth which has been dipped into hot water and wrung out.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 20, 1860.

THE REVOKING OF A DIPLOMA.

A recent number of a prominent British Medical Journal has an article referring to American diplomas, in which mention is made of a case which happened some years ago, and in the recital of which some slight errors have crept in, which we take occasion to correct, in order to bring the facts more prominently before the profession here, as well as for the benefit of our transatlantic cotemporary.

The case referred to is that brought before the American Medical Association by the Newark Medical Association, in a complaint or memorial addressed to the former body at its session in Washington in 1858, in which memorial facts and testimony were published, which showed conclusively, that the Faculty of the then New York Medical College, of which Dr. Horace Green was President, had bestowed their diploma upon a most ignorant and unworthy quack, and that too when he had fulfilled hardly any of the requirements of graduation.

The case in question is a type of many, and the precedent which it has established, is one of importance. The then New York Medical College is one of the things past—for though it bears the old name, the institution at present is entirely re-organized—and we feel that in speaking of the dead we can do so impassionately and with impartiality. At the same time it affords an excellent opportunity to point out as a warning to others the ruins of bygone greatness, for, after the memorial in question was brought before the profession, the New York Medical College went rapidly down, and nothing in the wide world could save it. Of course this galloping consumption may have been merely coincidental with the severe charges brought against the college. Yet we hardly think that even the most vigorous school in the United States would be able to stand in the position in which the New York Medical College did then, without coming away severely damaged. Another reason why we allude to this matter now, is to call upon the profession throughout the country, especially the officers of State Societies, to keep a watchful eye upon all such cases, and to institute vigorous measures whenever medical schools, intentially or otherwise, abuse their privileges.

The British journal referred to states that a complaint having been brought forward against the New York Medical College, the diploma in question was *not* revoked. This is simply a mistake. If the reader will turn to vol. 11, 1858, p. 49, of the Transactions of the American Medical Associatien, he will there find the following:

"Dr. John Watson, of New York, from the Committee on Ethics, reported as follows:

Whereas, It appears from undoubted testimony that the New York Medical College have conferred the degree of Doctor of Medicine upon a notorious quack of the name of John F. Dunker, of Newark: the Faculty, in the person of the President of said College, wish here to declare that the degree was obtained under gross deception, and false testimonials furnished by said Dunker and his friends, and they, therefore, revoke and annul his diploma, and declare said Dunker to be unworthy of patronage or support, from authority conferred upon him by this diploma.

Dr. C. C. Cox, of Maryland, moved that the report be indefinitely postponed: which was not agreed to.

On motion, the report was then adopted."

There can be no equivocation then, about this matter. The diploma HAS been revoked by the President of the College, as such, and the Society in question has done essential service in establishing the precedent. Though, when violating the trust and good faith put in them, medical schools may, perhaps, not be liable to be arraigned before the law of the State, they may be summoned, as in the case referred to, before the forum of the public professional opinion of the land in its embodiment,—the American Medical Association, and before it be made to acknowledge their error, and by revoking their act repair the injury inflicted on the profession and the public.

STILL ANOTHER DEATH FROM CHLOROFORM—SHALL ITS USE CONTINUE?

A death from chloroform, at the Northampton Infirmary, is recorded in the London *Medical Times and Gazette*. The patient was about to submit to an operation for the removal of a small tumor from the back. Chloroform was administered cautiously. The testimony before the coroner's jury says that the effects of the anæsthetic were soon visible upon the deceased, who became insensible without anything unusual being observed, although he was closely watched. On removing him into a proper position for performing the operation, it was observed that his countenance was very much changed. The suspicions of the operators were at once roused, and immediate steps were adopted for bringing the man to his senses again, instead of commencing the surgical operation. Restoratives were resorted to, but to no purpose. Artificial respiration was then attempted, but this, too, was unavailing, and after an hour's futile endeavors at respiration, the deceased was reluctantly given up as lost.

We record this case, not from any peculiar interest that it possesses, but that it may be added to the long, dark list which now stands against chloroform. All statistics of fatalities from chloroform which we have seen, are inaccurate, and far below the truth in their estimates, and we desire that every fatal case attributable to it may hereafter be presented. It is hoped that such cases, instead of being concealed, as they often have been, as if the unfortunate administrator felt guilty of homicide, will henceforth be published. We believe that, had all the deaths from chloroform been properly noted, a list could now be presented which would astonish most of the advocates of its use, and do much in future to prevent loss of life by causing the discontinuance of its administration.

The practice of administering chloroform is rapidly decreasing in this country, and we some time ago predicted its discontinuance for general anæsthetic purposes, and the substitution of ether. If its use is not lessening in Europe, there is a growing want of confidence in its safety. The very caution with which European surgeons give it, shows that they use it with a consciousness of its danger. In the testimony of this case it was stated that the operator had the precaution to examine the deceased, "to ascertain if he was able to bear the effect of the chloroform." In the use of ether, which is now admitted to be almost absolutely safe, no one ever thinks of using such precautions, and it is now deemed admissible in any condition in which its anæsthetic effects are desirable.

We relinquished the convenient use of chloroform with reluctance. When deaths under its administration became frequent, we still hoped that greater caution in its use, increased study of its physiological effects, further knowledge of the conditions which contra-indicate it, and a discovery of the constitutional idiosyncracies which make the administration fatal, would enable us to continue its use with safety. But the fatalities are now as numerous, as unexpected, and as inexplicable as ever. Patients in vigorous health, and under the most cautious hands, continue to die when but little of the vapor has been inhaled, and sometimes at almost the first inspiration.

In the present state of our knowledge of the mysterious fatal influences of chloroform, and its acknowledged uncontrollable mortality, we consider its ordinary use unjustifiable while an efficient and safe alternative for use is at hand. If the profession do not discontinue its use, patients will soon refuse it. There is already, owing to its dangers, an increasing prejudice among the masses in regard to anæsthesia, in whatever manner produced, and if the use of chloroform, with its fatal accompaniments, continues, the popular verdict will condemn anæsthetics entirely, preferring to suffer pain rather than incur such a hazard of life.

MEDICAL PROGRESS IN ILLINOIS.

We are glad to learn that the Medical Society of the city of Galesburg, Ill., have adopted unanimously a series of preambles and resolutions respecting the legalization of dissecting in that State, and a better registration of deaths,

births, and marriages. The following are the resolutions:

Resolved, That we deem it wise and necessary, on the part of the Legislature of this State, to make some provision which will admit students of medicine and members of the profession to supply themselves with material from subjects interred at the public expense, when not claimed by relations or friends, under such restrictions for the protection of the public interests and feelings as the delicate nature of the case may suggest.

Resolved, That a law for the registration of births, marriages, and deaths, will contribute much to a better understanding of our climate, vital statistics, sanitary and industrial condition; to say nothing of the legal, historical, and medical knowledge otherwise accruing therefrom.

Resolved, That we hold the relation of physician and patient to be of the most private, personal, and confidential character; and as such should ever be held inviolate, and as exempt from inquisitorial proceedings as those of the attorney and his client. That in accordance with these sentiments we claim that no person duly authorized to practice medicine and surgery should be compelled to disclose any information which he may have acquired in attendance on any patient in a professional character, and which information was necessary to enable him to prescribe intelligently, as a physician, or do any act as a surgeon.

Resolved, That the statutes of the States of New York, Michigan, Iowa, Wisconsin, and Missouri, extending to the medical profession these legal privileges, are founded in justice and good morals, and have a proper regard for the peace of families and the community, and therefore receive our entire approval in meeting the wants of the profession in this State.

Resolved, That at the proper time this Society will prepare a memorial to the Legislature calling attention to these, as we believe, rightful statutory provisions, and ask for such enactments as the several cases herewith presented may require.

Resolved, That we recommend similar action to other medical societies, and we solicit their active co-operation in carrying out the spirit of these resolutions.

M. K. TAYLOR, M. D., President.

H. M. Starkloff, M. D., Secretary.

We hope the example of the Galesburg Society will be speedily followed by every Society throughout the State, and that similar efforts will be made in other States into which these reforms have not yet found way.

OUR MORTALITY TABLES.

It affords us great pleasure to lay before our readers a letter from Dr. J. H. Griscom, of New York, regarding our weekly table of mortality statistics. We have a few remarks to make regarding the valuable suggestions which that prominent sanitarian offers.

First. We shall, of course, insert the population of each city as soon as we can get it *reliably;* of some we have already semi-official data. But, as this feature is only of *relative* and *comparative* value, we shall not commence with it until we can get *most* or *all* of the cities.

Secondly. In reference to the *still-births*, they ought *all* to be inserted; but at present the miserable, unscientific mode of registration, with its bad arrangement and worse nomenclature, of most of the cities, is a check to any perfectly-accurate statistics. We cannot force officials to insert still-births, or to leave them out; we have to rely upon their *common sense* to gradually bring their mortality reports up to a "sanitary" condition.

Thirdly. We have left a blank for *parentage;* but the difficulty is, that *no* Dr. *Snow* stands at the head of every health department of every city, and that in many cities there is no health department at all. To show under what difficulties we labor, we extract the following from a letter received from one of the most prominent physicians of one of our most important cities of the West:—

"I do not know what I can accomplish in the way of getting weekly reports, but will try. "We have the most obstinate, selfish, stingy, and unenterprising Mayor in the States; and no difference what benefits might accrue, 'What does it cost?' would be the answer."

The fact is, we mean to *educate* ourselves and the *health departments* up to the very best standard of statistical science; to do this, we have all to commence as 'Abecedarians.' We shall hence be obliged for any suggestions from

those who have entered the 'inner temple'—only hoping that, for the present, there will be no *fault-finding*.

SUBSTITUTING NON-OFFICINAL FOR OFFICINAL PREPARATIONS.

A medical gentleman, of this city, traveling South a few weeks ago, and spending some days in Baltimore, had occasion to prescribe for a friend, suddenly attacked with some disorder, the solution of morphia—meaning, of course, the *officinal* preparation, containing one grain of the salt to the ounce of water. It was only accidentally discovered that the druggist dispensed a solution containing *sixteen* grains to the ounce, and on further inquiry it was found that he had not even the officinal preparation, and that, unless especially designed, the strong solution was always dispensed, and that this was the habit of druggists in Baltimore generally. Thus only by accident the patient in this case escaped poisoning. We call the attention of our readers in Baltimore to the subject, and would be pleased to hear from them in regard to it.

SPIRIT OF THE MEDICAL PRESS.

The New Orleans *Medical News and Hospital Gazette* speaks of the Progress of Medical Teaching in New Orleans. There is, perhaps, a pardonable degree of self-complaisance in the tone of the article, seeing that the *News* is the organ of the "second school," to whose influence so much is attributed. The number of students, it says, has rapidly increased from two to six hundred. Moreover, the system of teaching has improved, and the Medical Department of the University of Louisiana has been compelled to follow the lead of the New Orleans School of Medicine in teaching its pupils the "art of practicing medicine." "The New Orleans School of Medicine raised the torch, and showed the path of progress, and one by one, willingly or unwillingly, the schools must file in." Prof. Lawson, late of Cincinnati, is announced as the man who is to teach the pupils of the University the art of practicing medicine. The New Orleans school inaugurates this winter the teaching of Experimental Physiology and Clinical Surgery, and the *News* claims that the example must be followed—by the University, of course! We are very glad that the New Orleans School of Medicine has been potent for so much good, and hope that it will exert its wholesome influence on all the schools of the country!

The Health of New Orleans, we are informed by the same journal, has been unusually good this season. Between the 7th of July and the middle of September, there were eight or ten deaths reported by yellow fever, though the *News* expresses some doubt about the cases being all yellow fever. The season has been one of the hottest ever known in the South, and the reported deaths by sun-stroke and apoplexy have been very numerous. The *News* expresses the opinion that far the greater number of cases reported as apoplexy were really sun-stroke. It gives the following record of deaths by these diseases:

	Sun-stroke.	Apoplexy.
Week ending July 8th,	7	12
" " 15th,	42	40
" " 22d,	4	3
" " 29th,	4	7
" Aug. 5th,	2	3

On the subject of Medical Teaching in New Orleans the *News* seems to be a little beside itself. Its leading editorial for October begins with the health of the city by way of covering a good deal of self-glorification and gratulation on the subject of medical teaching in New Orleans. It is scarcely worth while to "hear it, while it spreads itself," further than to say that it claims that its school has, in "four short years," made New Orleans the centre of medical education for the South—(poor Nashville! "Ichabod" is written on her walls!)—and in four more she will be "*the medical centre af the Union*"—(alack-a-day, Philadelphia and New York!)

The *News* very properly animadverts on the practice of physicians—members of the American Medical Association—giving their names in recommendation of surgical instruments, as contrary to the spirit of the Code of Ethics.

The *American Medical Monthly* for Oct. speaks of the Opening of the Medical Schools of New York. It says that unusual preparations have been made, and that all the colleges of that city are prepared to begin the session of 1860–61 with an ardor never before witnessed. It speaks in the following terms of the preliminary courses of lectures in the several colleges:

"These lectures—introductory to the regular course, and extending through a month—are

not exclusively given by members of the Faculty, but in many instances by aspirants to professional dignities, for the enunciation of new views or new thoughts, as well as by those whose delegated province it is to teach. They often are, then, more interesting and quite as instructive as those of the regular course. The special subjects taken up are generally such as the lecturers most delight in, and upon which they have observed much and studied much; consequently they enter upon them with pleasure, lecture with more nerve, exhibit more originality, abandon themselves to their own personalities, and by their enthusiasm attract the student. This is the secret of the successful lecturer, and for these reasons, the preliminary courses given, as they frequently are by the professors and the attachés of the school, upon favorite subjects, become quite as important to the student as the regular course, and we trust that they will continue to grow in favor, and that each school will attract to itself those young men whose ardor leads them to investigate for themselves any special subject, and that the students will show their estimate of this plan by a rigid attendance upon them."

The *Monthly* speaks in favorable terms of the hospital enterprise in connection with the New York Medical College under its new organization, and hopes that it will speedily find imitators. The idea is certainly a correct one, and we trust that the New York Medical College will be enabled to give it practicable shape. We are glad to observe the tendency to attach medical schools to hospitals.

The *Nashville Journal of Medicine and Surgery* for October furnishes little editorially worthy of comment, though we give place to the following, to which we would call the special attention of some of our own correspondents:

"We receive a great many letters which we cannot answer, because we do not know where they come from. A majority of people who write letters, in dating them, leave out the State. When a man writes from Philadelphia, New York, or Boston, he feels that it is not necessary to write after the names of these places, N. Y., Penn., Mass., for everybody knows where they are. But when he writes from Fisherman's X Roads, Quincey's Store, New London, or New Amsterdam, he ought to know that no one but himself and the postmaster know where these places are. The postmaster, too, as if bent upon not being outdone by the correspondent, affixes his post-mark in hieroglyphics that no one can decipher but himself.

"Some time ago we received a letter from Concord, ———. It was an important letter, and we were desirous to answer it. We examined the hieroglyphic post-mark. There were the dim outline of a ring across the stamp, and a C and O alone visible. We went to our post office, and learned that there were all sorts of Concords in more than half the States in the Union. We had to give it up, and no doubt had many *blessings* for our ungentlemanly conduct."

Correspondence.

New York, Oct. 15th, 1860.

Messrs. Editors:—In your publication of the mortuary returns of the principal cities of the United States, in tabular form, which was commenced in the first number of your fifth volume, you have, in my opinion, struck a most important vein; one which, if carried out thoroughly, will yield results of great value. It will, undoubtedly, cost you no little labor, time, and money, but you may be sure of a reward in the *gratification* which your readers will feel in having before them, every week, a perfect *coup d'œil* of the sanitary condition of the country. It is sincerely to be hoped that you will secure all the necessary facilities for this interesting work, from the various places, and though you may find a difficulty at first, and your tables may be incomplete for a while, the publication must gradually stimulate the health authorities of different localities to a willingness to place their records in your hands for such a collation. There are some places, perhaps many, where no returns of mortality whatever are made up, which, by your publication, may be made to see the interest and value which pertains to them. Among these instances may be mentioned so important a city as Albany, the capital of the most populous State in the Union. It has, I am told, no department to record the deaths of its inhabitants, and consequently no deaths are recorded; the numbers of its annual dead are unknown to its own authorities and inhabitants; no certificate of burial is required; its people may be slyly poisoned, or die from natural causes, and no one be the wiser for it, except the parties immediately interested, as the bodies quietly slip under the sod, without saying "by your leave" to any one. This careless and objectionable state of things ought to be stopped, if, for no other reason, than the danger to which the community is exposed, for want of a scientific appreciation of their own sanitary position; a result to which, I believe, your tables will conduce.

Another valuable result from them will be one for which many efforts have heretofore been made, in several ways, but especially by the American Medical Association, but with very partial, if any success, I mean the adoption of a uniform system of registration. This

is a great desideratum, and the discussion of that question in your columns, together with the presentation of such a form of tabulature of diseases, as your experience may suggest, is the most likely means of directing attention to the subject, and causing a proper scientific and comprehensive system to be generally adopted throughout the Union.

I would like to make one or two suggestions of improvement of, or rather addition to, your form of table, for adoption at the proper time. 1st. As soon as the recent census returns can be obtained, to give the population of each place in a permanent column. This will enable you to give the *ratio* of mortality, and so enable your readers to make a comparison of the state of the public health of each city with all the rest. A column, giving the ratio of some of the most important diseases, compared with the whole number, will also be a valuable addition.

2nd. Some authorities affect to believe that the still births do not constitute a proper element of estimate of the sanitary condition of a population, and therefore either omit entirely to report them, or put them in such a position as not to be included in the general result. Taking an opposite view of this question, I hope you will continue to give them their proper place in the table, and that you will urge your correspondents to include them in their reports to you. The grounds upon which this view is based are these: A still birth is the result of either crime or disease, (including accidents, malformations, &c.) It may be impossible to discover what proportion may be due to the former of these causes, but if we can know the whole number in all the cities reported, we certainly have a basis for some calculation of the general state of the morals of any particular community in this respect.

As regards the still births due to natural causes, I regard them as very important indices of the health of the female part of the population. They tell of the mode of living, of the results of physical education, of the capacity for child bearing, of the value of professional interference, and other points of much interest in the welfare of the people, and are, moreover, a measure of the future strength of the State, for a still born child is as much of a loss as one that dies after birth. The increase of population of most places (in fact of all places not affected by immigration) is limited to the capacity of its females to become mothers: hence it is very easy to see that *incapacity* in that respect must reduce the population of a place, *pari passu*, and of that incapacity, the number of still births may be, of some particular locality, an important index. Besides this, I can name one large city whose registering officer has recently adopted the plan of throwing out these figures, in order to give a better *comparative* appearance to the mortality returns; this official should, to be consistent, go a step further, and reject those deaths occurring within a few days after birth, as having no connection with the state of the *public* health,—and upon the same argument he might leave out all occurring within a year. Let the principle be universally adopted that no dead body should go unrecorded, and there can no harm result, while all will be better satisfied.

3d. Another item which should be recorded is one whose importance has been recently elucidated very forcibly by Dr. E. M. Snow, of Providence, R. I., and which he now regularly reports. It is the *parentage* of the decedents.

It is evident, on reflection, that the *nativity* does not always give a fair representation of the facts. You cannot have a better illustration of the value of this idea, than from the following quotation from the September report of that eminent statistician:

"The mortality in September affords a good illustration of the difference between Nativity and Parentage in these statistics. The average age of those who died was as follows:

According to Nativity or Birth-place:

American nativity, 84 deaths; average age, 16.5 years.

Foreign nativity, 10 deaths; average age, 44.3 years.

According to Parentage:

American parentage, 50 deaths; average age, 26.5 years.

Foreign parentage, 44 deaths; average age, 11.4 years.

If we deduct from the 44 persons of foreign parentage the 10 who were born in foreign countries, we have 34 children born in this country of foreign parents who died during the month. The average age of these 34 children was *only one year and eight-tenths.*

Of the 23 children who died of cholera infantum in September, all were of American nativity; but only 7 were of American parentage, while 16 were of Irish parentage."

I have prolonged my letter beyond my expectation at the commencement, and yet the topic is not exhausted. Take my hurried droppings for what they are worth, while I remain, very respectfully,

Yours,

Jno. H. Griscom.

MEDICAL INSTITUTIONS IN DUBLIN.

Philadelphia, Sept. 21, 1860.

Messrs. Editors:—In your issue of the 8th inst., I have seen a letter dated "Cork, August 19th," and signed "M. D. Abroad," purporting to convey an idea of the amount of medical and surgical relief afforded to the sick poor of Dublin and vicinity, drawn from a short visit made by the writer to one of its hospitals and from what he saw therein. As "M. D. Abroad's" letters to the Reporter are, I presume, published with the view of giving its readers a true

description of the prominent medical institutions examined by him in the various European cities through which he has traveled, it may not be amiss to draw attention to some inaccurate statements in his letter with regard to the only hospital in Dublin which he visited, as well as to his omission of the names of most of the noble medical institutions in that city, of whose existence he does not seem to be even aware.

As to St. Vincent's Hospital, he says, "It is, I believe, not quite as large as Steven's Hospital;" and again, "it is now capable of accommodating nearly one hundred patients," &c.—the precise facts being, that, so far back as the year 1852, St. Vincent's Hospital contained exactly one hundred beds, besides a large ward for the reception of children, on the plan of the "Enfans Malades," in Paris, whilst Steven's Hospital, established in 1720, contains *over* two hundred beds, besides distinct wards for venereal patients. St. Vincent's Hospital is visited every morning at eight o'clock by the physicians, surgeons, and pupils, and clinical instruction is daily given to the latter at the bed-side of each patient, besides the regular clinical lectures twice a week. Your correspondent mistakes when stating that "St. Vincent's Hospital is in the hands of the Roman Catholics;" for, although attended by the Sisters of Charity, who act as nurses, the entire medical staff, including the consulting as well as the visiting physicians and surgeons, is, with a single exception, composed entirely of Protestants, amongst whom, by the way, was the late Dr. O'Brien Bellingham, whose name will be ever associated with the treatment of aneurism by compression as long as surgery continues to be cultivated as a science. The Royal Hospital, to which your correspondent alludes, can scarcely be called a public hospital, as it admits none but disabled or superannuated sailors, whilst the Military Hospital, as its name implies, is intended exclusively for that branch of the public service. The Workhouse or "Union" Hospitals, of which there are *two* very large ones, viz: the North and South Dublin Union Hospitals, are solely occupied by patients who are received from the workhouses only, and who, therefore, must be reduced to the condition of "paupers, whom nobody owns," before being entitled to admission.

Besides the above-named hospitals, "M. D. Abroad," if he only had a little more time to spare, could have seen, in Dublin, the following hospitals and other medical and surgical institutions, viz: The City of Dublin Hospital, established in 1832, containing 62 beds, besides two large wards for diseases of the eye, under Dr. Jacob, and one large ward for uterine diseases, under Dr. Beatty; the Meath Hospital, established in 1774, contains 100 beds; the Rathdown Fever Hospital, established in 1835, contains 26 beds; the Hospital for Incurables, established in 1740, contains 100 beds; the General Hospital of House of Industry, established in 1803, contains 300 beds; the National Eye Infirmary, established in 1814, contains 6 beds; Mercer's Hospital, established in 1734, contains 60 beds; Jervis Street Hospital, established in 1721, contains 80 beds; Maison de Santè, established in 1816, contains 12 beds; St. Mark's Ophthalmic Hospital, established in 1844, contains 20 beds; Simpson's Hospital, established in 1779, contains 70 beds; Sir Patrick Dunn's Hospital, established in 1808, contains 60 beds; Westmoreland Lock Hospital, established in 1792, contains 80 beds.

In addition to these, there are four lying-in hospitals, viz: the Anglesea, established in 1828, contains 10 beds; the Combe, established in 1826, contains 40 beds; the Rotunda, established in 1757, contains 140 beds, and averages 2,000 deliveries per annum; the South Eastern, established in 1834, contains 25 beds.

At every one of the above hospitals, clinical instruction is given daily, as well as regular clinical lectures twice each week.

There are also in Dublin six general dispensaries, from which patients receive daily advice and medicine, as well as medical attendance at their homes; the average number of patients treated at these institutions for the last thirty years, (not including the hospitals,) amounts to 72,510 per annum. Besides, the two Universities mentioned by your correspondent, viz: Trinity College, and the Queen's University, (by the way one of the three colleges connected with the latter is, ludicrously enough, located by your correspondent at Glasgow,* which is a city in Scotland, instead of Galway, in Ireland,) Dublin contains the King's and Queen's *College of Physicians*, an institution which has a "local habitation" as well as a name; the Royal College of Surgeons; and the Apothecaries' Hall.

In conclusion, I need scarcely refer to a fact, well known and fully acknowledged, at least at the other side of the Atlantic, viz: that the medical colleges and universities of Dublin rank amongst the very highest in Europe as schools of medicine and surgery, whilst the numerous hospitals of that ancient city "containing only abont one-tenth of the population of London, or not quite half that of Philadelphia," stand forth as noble monuments of the benevolence and philanthrophy of the Irish medical profession, most of them having been founded, or partly endowed by members of that body.

I remain, gentlemen, your obedient servant,

M. D. at Home.

—o—

Cholera, of a malignant character, after existing some time in the southern part of Spain, is now affecting the troops at Gibraltar.

*This was a typographical error.—Editors M. & S. Reporter.

THE COLLUSIONS BETWEEN PHYSICIANS AND APOTHECARIES.

Philadelphia, Oct. 17th, 1860.

Messrs. Editors:—

I have been pleased to see that my letter, calling your attention to a vicious collusion between physicians and apothecaries, has, in "*Esprit des Lois,*" attracted to the cause a spirited ally. I hope that this will not be the end of the agitation, and that it may terminate in the exposure of the guilty and the abandonment of the contemptible practice alluded to. This presenting of the "spirit" and letter of the "law," as quoted, may be beneficial to some who were perhaps not aware that their conduct made them amenable to rigorous punishment and disgrace.

. That the vice was ever prevalent among "the best and most respectable apothecaries, and among some of our most distinguished and influential physicians and surgeons," is making a charge which surprises me, and seems rather to extenuate the guilt of the lesser, and more obscure sinners, who are now complained of.

The practitioner to whom I alluded as an illustration of the vice, is not a member of any medical organization, and I cannot point out any member of a medical society whom I know to be certainly in the habit. I did not intend to imply that the villainous collusion exists more particularly in a northern suburban neighborhood, but desiring to present my own observation of the matter, I did allude to its prevalence to some extent in that direction. I am not a resident of a northern suburb, but from the knowledge of very many of the practitioners of the northern section of the city, I consider their professional tone to be generally as high as that of any central or southern locality.

It is probable that the practitioners who are leagued pecuniarily with druggists, are rarely members of a medical organization, and cannot be made liable to censorial action. Such, however, when known, are entitled to no professional courtesy, and should not be tolerated in consultations. As regards druggists in the collusion, when not under the controlling influence of a pharmaceutical society, the remedy can only be in carefully avoiding the patronage of their stores.

It is hoped, now that attention is attracted to the subject, that a watchful scrutiny will be exercised, by which any mercenary arrangement between physicians and druggists will be detected, and that the wide-spread influence of the Reporter will continue to aid in its exposure.

Esprit de Corps.

NEWS AND MISCELLANY.

OPENING OF THE CLINIC OF THE PHILADELPHIA HOSPITAL—DR. LUDLOW'S INTRODUCTORY ADDRESS.

The course of Clinical Instruction at the Philadelphia was resumed on Saturday last. The recent action of the Board of Managers in opening the wards of the hospital, free of charge, promises, judging from the large attendance on Saturday, to be profitably appreciated.

The students were welcomed by a spirited and instructive address from Dr. J. L. Ludlow, one of the physicians of the hospital.

Dr. Ludlow congratulated his audience "that Philadelphia can still attract so many from an extended and extending country," and referred with pride to the medical institutions which are everywhere dotting our fair land, fostered by the influence of our matchless government. After some patriotic allusions to the broad field of science and literature upon which all the sons of a common country might reap the rich harvest of knowledge, and deprecating the attempts of those who would contract our limits to a "Pent up Utica," Dr. Ludlow announced, as the subject of his address—"The motives which induce young men to pursue the study of Medicine." The speaker observed that, for one unacquainted with the affairs or passions of the world, or who had not studied well human nature in all its phases, it might be presumptuous to attempt to penetrate the innermost recesses of the soul, or tell us motives which govern the actions of men; but if we believe with the poet, "That the study of mankind is man," we are often enabled to dash the mask from the face of every deceiver, and by their deeds determine the motives which impel them to action, and from close inspection of, and deduction from, their motive, we are prepared to "play the prophet too."

All act from motives. Sometimes we may think, or try to make others think, we are acting from one motive, but in the sequence our actions determine that we are acting from a different one, and taking a large class together, and carefully watching their tone and actions, it requires no omnicient being to decipher the motives for the deeds performed, and in judging motives in this way, our profession will not suffer in comparison with any other. "By their fruits we shall know them." If any young man entered upon the study of medicine from *hereditary motives*, he will certainly fail, and the sooner he abandons the idea the better. There is no hereditary transmission of knowledge. Kingdoms may be handed down from father to son, but in the world of letters all are republicans. "In medicine we are princes by right of intellect, not because we have emerged from a royal

womb." If any commence the study of medicine merely for the *title*, it would be much better for them to assume it at once, without subjecting themselves to unnecessary trouble. Many a sickly, feeble and tottering institution in our country, would confer it for a small endowment, less than it would cost to acquire a thorough knowledge of medicine. Without even knowing the applicant, the title of LL. D. has been thus bestowed, and there is no reason why M. D. should fare better.

Those who espouse the profession of medicine *merely* for *position in social life*, must have forgotten that "Worth makes the man, the want of it the fellow." *Mercenary motives* induce another class to enter our profession. The acquisition of wealth in an honorable and laudable manner no one can object to. It is a powerful instrument in doing good, and incurs great responsibilities, as the rich man must give a strict account of his stewardship. We cannot affect indifference to money, but he who enters the portals of our profession with this motive alone, if he observes all the points of etiquette which the professional code enjoins, will soon find that no California, with its golden mines, will end his journey, and if he does soon begin to be rewarded for his labors, he becomes restless and reckless, and throws aside the restraints of professional etiquette, and espouses the most promising delusion of the day, and bewildered by the magnificent equipage and palatial dwelling of the quack, he soon forgets his Hippocratic oath, and becomes a hypocrite in the worst sense of the word. If any enter with the idea of making a fortune, be warned in time to go home—be a merchant—a planter—a farmer—anything but a doctor. He threw no obstacles in the way of those who have commenced the study of medicine for the purpose of perfecting their general education. Its various relations with the collateral sciences, and the various fields of inquiry into which it would lead them, he knew would improve their faculties, and make them wiser and better men.

Dr. Ludlow then remarked that the grand, the glorious, the foremost inducement which influenced, and is still influencing, so many to choose our profession, *is the benefit to humanity*—the greatest amount of physical and mental relief to the greatest number. Some cavilers may deride this idea. To them the almighty dollar is the governing principle—the "sine qua non" of their existence; and they will often turn and ask, "If you are so humane, why take a fee?" It is written in Holy Writ, that those who preach the Gospel should live by the Gospel. The good to be done to humanity does not imply that we should be paupers. It is no humanity to render a man mean, stingy, and miserly; it is only the miser, the trickster, and the dishonest man who would ask us to render services to them without ample remuneration, according to the means they possess.

The speaker referred to the great boon which the skillful physician conferred upon his patients, and doubted whether he could ever be fully renumerated, so far as dollars and cents were concerned. Can money pay the physician who stands by the couch of an apparently dying loved one, and with skill and tact and tenderness, governed by an accurate knowledge of the disease, wards off the fatal shaft of the insatiate archer? Can gold or silver be a recompense to the sagacious surgeon who, with matchless dexterity, guards muscle and tendon and artery and nerve, as he dissects some malignant growth, which is sapping the very existence of his patient, and when the sick man walks forth restored to his wonted health in the bouyancy of his manhood? Can money ever pay the man who has been the instrument of prolonging his days and adding years to his existence, and dispersing the dark cloud which hap long hung over him? Humanity alone has induced those who have gone before you to labor in sunshine and storm, through long days and weary nights, mid pestilence and plague and famine—in the hospital and in the hut—in the cabin and by the way-side—in season and out of season—with only the idea of doing good. Reckless of themselves and those to whom they were bound by the ties of nature and kindred, like heroes they looked for the fiercest of the fight, and boldly rushed on when cities were appalled and nations trembled for its people—when the stalwart man and the puny infant—when the man of wealth and the humble pauper are alike stricken down—when pestilence ravages the land and turns kingdoms into huge charnel houses—then the eyes of all are turned to us for succor; then we go forth to battle—our flag is thrown to the breeze, and upon it is inscribed, in letters of light, Humanity! This motive for becoming physicians embraces all others, except the mercenary. Do you desire the title of Doctor? It is justly yours. Social position? You have gained it. A branch of general education? You possess it. But of money you most probably have very little. But what of that?

I believe that you have devoted yourself to the study of medicine from the highest motives; that you have counted the cost, and are willing to abide the result; that you will not lack the necessary appliances for perfecting yourself in your studies, the reputation of our colleges and their professors bear me out. To minister at the bed-side of the sick and the dying, is the humble privilege and duty of the physicians of this institution. No motive, except that of doing good commands our services.

The Board of Management of this institution, acting from the same impulse, give their time and attention, and, with a feeling that this institution may be useful to you in preparing yourselves for the arduous duties of your profession, have thrown open its wards for bed-side

instruction without fee or reward. It remains with you to avail yourselves of these privileges, and profit by them.

Army and Navy.—Surgeon R. H. Coolidge will be relieved from duty in the Surgeon-General's Office on the first of December next, and will then proceed, via Panama, to the Head-Quarters of the Department of California, and report for duty, as Medical Surveyor for the Departments of California and Oregon. Surgeon Coolidge will be assigned to Benicia Barracks.

Surgeon R. Murray will be relieved from duty in the Department of California on the arrival of Surgeon Coolidge, with directions to repair to Baltimore, Md., and report thence, by letter, to the Surgeon-General for further orders.

Assistant Surgeon C. H. Smith has been assigned to duty in the Surgeon-General's Office, and ordered to report in person to the Surgeon-General as soon as his present duties in Baltimore are completed.

Duration of Life.—It is asserted that the average length of life in France before the Revolution of 1793 was twenty-eight years; and that at the present time it is thirty-seven years. M. de Lapasse assures us, that if we would only live reasonably, we should reach to an average of 150 to 200 years! This is what he calls the natural length of life. "The life of warm-blooded mamiferæ is subject to an invariable law; the duration of their existence appears to be equal to ten times the period of their growth. It is thus with the elephant, the ox, the cat, the dog, and the quadrumana. Two mamiferæ are the only exceptions; the horse and the man. And why? It is because they are slaves,—the one of the dire condition of work, and the other of his passions and the necessities of his social condition.—*Med. Times and Gaz.*

The American Journal of Indigenous Materia Medica, and Repertory of Medical Science is the title *in extenso* of a journal announced to be issued next month in New York. We suppose that it is intended as simply an advertisement of the publishers, who are dealers in drugs.

Medical Witnesses.—Judge Marsh, of Ohio, has decided that no medical witness can be compelled in court to give testimony involving a breach of professional confidence, and yet the statutes of that State only exempt clergymen and lawyers in express terms.

We are gratified to observe the name of Dr. John Ordronaux in nomination for the Legislature of the State of New York, from a district in the immediate vicinity of New York city. He is a gentleman of excellent attainments in both the professions of medicine and law; has an excellent personal and hereditary record; and is gifted with an eloquence rarely found in our ranks, and seldom excelled at the bar. His fellow-citizens will render a just tribute to modest worth and the cause of humanity by his election, to whatever party he may belong.

Prof. Titus Deville, of Lind University, has resigned the Chair of Anatomy here and returned to Paris. His place is filled by Dr. J. Hollister, while the Chair of Materia Medica and Therapeutics is occupied by Dr. A. L. McArthur, a new member of the faculty.

Answers to Correspondents.

D. McC.—When we supply vaccine virus to subscribers, it is always without charge. We can generally oblige by sending it when requested; and when practitioners have an excess of fresh and reliable virus, they can do a favor to some members of the profession, and a benefit to the community, by enclosing it with a record of the date of its procurement, to this office. There is a demand for vaccine virus at this time.

MARRIAGES.

Henry—Rand—On Tuesday morning, October 2, at the residence of the bride's father, Maysville, Ky., by the Rev. C. McKinney, T. Charlton Henry, of Kentucky, (late Assistant Surgeon U. S. Army,) to Lucie C., only daughter of Jacob W. Rand, Esq.

Hance—Rusling—On the 4th inst., at the residence of the bride's father, by Rev. E. H. Stokes, Edmund Hance, M. D., to Annie M., eldest daughter of Gershom Rusling, Esq., all of Trenton.

DEATHS.

Mack—At Pennsgrove, N. J., on the 20th ult., Thomas D., youngest son of Dr. J. M. and Emily D. Mack.

Communications Received.—*Connecticut*, Dr. G. A. Moody, (with encl.,) Dr. F. A. Hart, (with encl.,) Dr. C. C. Foote, (with encl.)—*Delaware*, Dr. J. D. Craig, (with encl.,) Dr. J. Hopkins, (with encl.)—*Illinois*, E. D. Gates, Dr. J. M. Mack, Dr. E. C. Ellet, (with encl.,) Dr. R. L. Rea—*Iowa*, Dr. B. Hinchman, (with encl.)—*Kentucky*—Dr. R. D. Porter, (with encl.,) Dr. N. H. Baker—*Missouri*, Dr. F. V. Brokaw—*New Jersey*, Dr. L. S. Blackwell, (with encl.)—*New York*, Dr. T. C. Brinsmade, (with encl.) Drs. Allen and Rogers, (with encl.,) Mr. W. E. Chapman, Dr. M. E. Murphy—*Ohio*, D. W. Brinkerhoff, (with encl.,) Dr. G. Liggett, (with encl.)—*Pennsylvania*, Dr. B. Musser, (with encl.,) Dr. W. Reichardt, (with encl.,) Dr. J. Levergood, (with encl.,) Dr. F. H. Bower, (with encl.,) Dr. G. W. Burke, (with encl.) Mr. J. Hulme, Dr. G. W. Smith, Dr. H. F. Martin, (with encl.,) Dr. S. B. Himer, Dr. N. S. Marshall—*South Carolina*, Dr. R. Wilson—*Tennessee*, Dr. T. M. Woodson, (with encl.)—*Vermont*, Dr. B. W. Carpenter.

Office Payments—Dr. G. R. Lewis, (Pa.,) Dr. B. M. Collins, (Pa.,) Dr. J. S. Thornton, (Pa.,) Dr. M. M. Manly, Dr. J. Rohrer, D. J. A. Meigs, Dr. E. B. Vandyke. By Mr. Swaine: Drs. Posey, Cox, Corse, McLerney, Garretson, Reese, Coad, Smith, Wittig, Craig, Trau, Price, Hunt, Griscom, Fricke, Lessey, Winckler, Ashton, H. St. Clair Ash, and Crew & Co.

MORTALITY OF CITIES DURING THE WEEK ENDING OCTOBER 6, 1860.

Number, Sex, Nativity and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	219	422	81	.....	76	.....	.....	41	.....	.....	106
Males	118	.....	51	.....	39	.....	.....	.....	.....	.....	60
Females	101	.....	30	.....	37	.....	.....	.....	.....	.....	45
Sex not stated	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	105
Whites	.....	.....	65	.....	.....	.....	.....	20	.....	.....	1
Black and colored	.....	.....	16	.....	.....	.....	.....	21	.....	.....	.....
United States	168	263	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign countries	41	157	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nativity unknown	10	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	98	191	41	.....	35	.....	.....	15	.....	.....	56
5 to 10 years	20	22	6	.....	6	.....	.....	3	.....	.....	.....
10 to 20 "	14	19	1	.....		.....	.....	2	.....	.....	.....
20 to 50 "	54	133	18	.....	35	.....	.....	10	.....	.....	.....
50 and over	33	55	15	.....		.....	.....	11	.....	.....	.....
Unknown	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	4	9	1	.....	3	.....	.....	1	.....	.....	1
Cholera Infantum	1	17	4	.....	3	.....	.....	.....	.....	.....	4
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cholera Morbus	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	8
Diarrhœa	.....	11	.....	.....	2	.....	.....	1	.....	.....	4
Diphtheria	10	1	.....	.....	2	.....	.....	1	.....	.....	.....
Dysentery	2	7	.....	.....	2	.....	.....	.....	.....	.....	.....
Erysipelas	3	2	.....	.....	.....	.....	.....	.....	.....	.....	4
Fever, remittent	.....	4	1	.....	.....	.....	.....	.....	.....	.....	1
Fever, intermittent	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	4
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" typhoid	1	8	2	.....	3	.....	.....	.....	.....	.....	9
" typhus	1	13	.....	.....	.....	.....	.....	1	.....	.....	1
" scarlet	32	22	3	.....	2	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Hooping Cough	.....	4	4	.....	3	.....	.....	2	.....	.....	2
Measles	1	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Small-pox	1	7	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	1	3	2	.....	2	.....	.....	1	.....	.....	1
Congestion of Lungs	2	2	.....	.....	2	.....	.....	1	.....	.....	4
Consumption	32	69	7	.....	9	.....	.....	4	.....	.....	9
Pneumonia	6	18	5	.....	3	.....	.....	.....	.....	.....	.....
Hemorrhage from Lungs	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	2	8	.....	.....	1	.....	.....	.....	.....	.....	1
Convulsions	12	22	1	.....	5	.....	.....	4	.....	.....	17
Congestion of Brain	2	9	2	.....	.....	.....	.....	2	.....	.....	4
Disease of Brain	4	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Delirium Tremens	4	2	1	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	4	10	3	.....	5	.....	.....	.....	.....	.....	.....
Inflammation of Brain	3	12	1	.....	1	.....	.....	2	.....	.....	1
Paralysis	4	5	.....	.....	1	.....	.....	.....	.....	.....	.....
Tetanus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	6	6	2	.....	1	.....	.....	.....	.....	.....	.....
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	3	.....	.....	1	.....	.....	.....	.....	.....	.....
Hepatitis	.....	3	1	.....	1	.....	.....	1	.....	.....	.....
Inflammation of Throat	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	5	10	1	.....	1	.....	.....	1	.....	.....	2
Marasmus	10	40	.....	.....	2	.....	.....	2	.....	.....	4
Peritonitis	2	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	2	1	.....	1	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	.....	3	.....	.....	1	.....	.....	.....	.....	.....	.....
Dropsy	5	5	5	.....	.....	.....	.....	.....	.....	.....	1
Debility, etc	25	13	.....	.....	2	.....	.....	.....	.....	.....	3
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	2	.....	.....	2	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseased Womb	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	9	18	.....	.....	1	.....	.....	.....	.....	.....	2
Poisoning	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	10	.....	9	.....	.....	.....	.....	.....	.....	.....	6
All other causes	8	22	27	.....	12	.....	.....	14	.....	.....	12

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 210. } PHILADELPHIA, OCTOBER 27, 1860. { NEW SERIES VOL. V. NO. 4.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Crystalline Lens and its Diseases.

Delivered at the Howard Hospital

By Lawrence Turnbull, M. D.

Ophthalmic Surgeon to the Hospital.

No. 3.

OPERATIONS FOR CATARACT—DEPRESSION—RECLINATION.

Of the numerous surgical operations by which man relieves his fellow man of the infirmities incident to his mortal state, there is not one which creates so much astonishment in the beholder, and so much delight in the recipient, as the restoring of sight to the blind by the removal of an opaque lens from the eye. Time has familiarized the mind of surgeons with this operation, but the public view it with wonder and amazement half akin to awe.

The ancients generally believed that cataract was produced by a pellicle, formed before the crystalline lens in the posterior chamber of the aqueous humor; and even Galen defended the same opinion as late as the seventeenth century. About this time, some opaque crystalline lenses were depressed with the needle, rose again, and passing through the pupil into the anterior chamber, were thence extracted through an incision made for that purpose in the cornea.* This led to the direct operation of extraction of the cataract in the year 1745, by Daviel,† which almost supplanted the old operation. After a time, by watching the facility with which nature dissolved and removed a lens by the introduction into it of the aqueous humor, a third operation was practised with success, namely, *solution*, termed also division.

* S. Ives, Malad. des Yeux, Paris 1767, p. 237.
† Mem. de l' Acad. des Sciences, anno 1708, p. 242.

The terms, Keratonyxis and Scleronyxis, merely designate the coat—as the cornea or sclerotic—through which the instrument is to pass in either of these methods. A word of caution to the young surgeon before we commence the description of the methods of performing the operations for the removal of cataract.

Study your case well before you attempt to touch the eye with the knife or needle, for far better is it for you to lose the opportunity of operating, than to do so, and fail to relieve your patient; for he or she will be a walking index of your want of skill as long as life will last. Even the very best operators have made mistakes, and operated upon cases of diseased *retina*, from a simple want of care and attention on their part, and thus subjected the patient to much pain and distress; all through not studying their cases well. The dangers, too, attending the operations for cataract are much too lightly estimated in pronouncing an ultimate prognosis. The risk of a badly performed operation, and that of disorganization from inflammation and other causes, even under the most favorable circumstances, are too much kept out of view. Such a thing as an unsuccessful case of operation for cataract is never published in our journals, and yet they are occurring at all times in this and other large cities, not only among the tyros of the profession, but in the hands of the most expert surgeons. Many operators on the eye seem to think that they have done enough, when by the publication of a few successful cases, they have persuaded the profession and the public of their expertness; but unless (as observed by Dr. Mackenzie) "the circumstances of each case are minutely detailed, and a history given, not of select cases, but of every case occurring during a year, or longer period, and each history brought down not merely to a few days or weeks after the operation, but to a year or more, no conclusion can be drawn regarding either the abilities of the operator, the merits of his particular mode of operating, or the general success of operations for the cure of cataract."

Operations of Displacement—Depression—Reclination.—We will commence with a description of this, the oldest operation for the removal of cataract. It is stated that Guy de Chauliac, who composed his work on Surgery in the fourteenth century, (1363) gives the following careful directions to the operator regarding the time during which he should keep the needle in contact with the depressed lens: namely, long enough to repeat a *Pater* three times, or a *miserere* once.

The operation of depression was employed by the ancients in all forms of cataract, but at the present day it is considered only applicable to cases of hard cataract, and should only be preferred to *extraction*, when the latter operation is found either impracticable or hazardous:—namely, when the globe is very deeply seated in the orbit; when the palpebral aperture is much contracted; when the anterior chamber is very small; when adhesions exist between the pupillary margin of the iris and the anterior capsule of the lens; when the globe has lost much of its natural elasticity; when the patient is extremely feeble; or when he or she is the subject of chronic croup or asthma.

In couching, or simple depression of the cataract, the lens is placed by the needle below the level of the pupil. In reclination, the lens, at the same time that it is depressed, is also made to turn back on its lower and outer margin, so that it is forced back by its upper edge into the vitreous humor. Reclination is to be preferred, because there is not sufficient room for the lodgement of a lens of normal or large size directly below the pupil; if simply depressed and not turned, it will be almost sure to re-ascend into its original situation, a result which the author has witnessed. It will therefore be well for the student to practice it well on the dead subject before he attempts it on an important living being. Indeed the most simple operation of the eye, should always be practised well in the dissecting room and upon the eyes of animals. The instruments required are a spring speculum and a pretty broad curved, lance-headed cataract needle; in some instances a straight needle is employed. The first important matter is to have the patient in good health, and the digestion in good order. This is facilitated by the use of a mild laxative, or, in some instances, tonics, for a week or two previons to the operation.

The eye should also be dilated with a solution of the sulphate or nitrate of atropia dropped into the eye the night before, or the soft extract of belladonna painted around the brow. The day should be clear, the weather moderate. The patient should take a very plain meal, and the operation should never be performed immediately after dinner; especially is this necessary if the use of sulphuric ether, or a mixture of ether and chloroform is desired on the part of the patient.

A solution of morphia, or a pill of opium, is sometimes employed previous to operating, but a careful inquiry should be made if there is any idiosyncracy, as many persons are affected by opiates so as to induce vomiting; if such is the case it should be carefully avoided.

The patient should either be seated on a low chair, or reclining on a couch or sofa, near a window, so that the light may fall obliquely on the eye; and the surgeon should be seated immediately opposite the patient, but somewhat higher. An assistant should support the patient's head, and fix the superior lid either with his finger or the elevator of Pellier. A needle is thrust through the sclerotic, at a short distance from the outer margin of the cornea, as I now show you, and a little below its equator. In its progress, it passes first through the conjunctiva, next the sclerotic, choroid, retina, and hyaloid membrane, into the vitreous humor. When this point has been reached, it is carried on behind the iris until it becomes visible in the pupil.

The capsule is then lacerated with the needle, which should be steadily pressed against the anterior surface of the lens, a little above its centre, so as to force it to leave its natural situation, after which it is pressed backwards, downwards, and outwards, into the vitreous humor. This being accomplished, the convexity of the head of the needle, by rotating the handle, is to be applied against the lens in order to complete the depression.

Having kept the needle applied against the depressed lens long enough to see that the cataract does not re-ascend, the surgeon brings the head of the needle back into the posterior chamber by moving the handle a little backward, and withdraws it carefully and slowly.

The instrument should always be introduced at a sufficient distance from the junction of the cornea and sclerotic (say about 1-16th of an inch) to avoid the ciliary processes; and from the transverse axis to avoid the long ciliary artery. The lens should be reclined before it is depressed, to prevent the risk of its coming in

contact with the retina; and it should be carried backwards, to place it clear of the iris.

The operation can be performed through the cornea, but as the posterior-capsule cannot be opened, it is considered much more hazardous to the eye.

If the operation succeed, the restoration of vision is complete, provided the retina is in good condition.

After-Treatment.—The eyes should be covered with a linen bandage, and should not be examined for four or five days, and then only exposed to a moderate degree of light. In the course of one or two months cataract glasses may be used.

Inflammation of the iris, or of the retina, or of the whole eyeball may set in, and when this does occur, it is generally fatal to vision. Free leeching, with active purgation, may do much to relieve the patient, with the free use of solution of atropia, but, as the lens usually acts as an extraneous body, no medical agent is of much service. When, however, the inflammation arises from injury by the needle, it may be subdued by the means above mentioned, and the influence of mercury. The cataract, when depressed, will often remain without change for years, even when deprived of its capsule, and is liable to rise from the vitreous humor by any sudden and violent exertion, as coughing, sneezing, etc. I, therefore, would not recommend this operation to you as one which yields very satisfactory results.

Professor Pancoast, of this city, has modified this operation by employing a hooked needle with which he draws the lens horizontally backwards into the vitreous humor, by sinking the needle in the hard lens after lacerating its capsule. The steps of the operation are much the same as those already stated. His needle is very small, and has a curve almost rectangular. "By this process," he says, "the eye is as little disturbed as possible, and the lens rests in the interior of the hyaloid tunic, and not in contact with either one of the more delicate structures of the ball, the iris, the ciliary body, or the retina, and with no tendency to resume its old position." He punctures the sclerotic coat at a distance nearly equal to the diameter of the lens behind the margin of the cornea. We have here still a great risk of wounding the iris, and in sinking a needle in the lens, we have rather a combination of displacement and solution. We have also a foreign body remaining in the vitreous humor, heavier than it, and liable to sink and come in contact with the retina; and, as it is a foreign body, apt to create inflammation in time in this location.

As observed by Mr. Dixon, "The various mishaps that attend the operation of extraction are evident to every bystander; but in depression, or even reclination, provided the cataract disappears from the pupil, all seems to have gone well. The mischief that may have been inflicted on deep-seated structures cannot be detected; and it is only in the course of weeks, or months, that a train of symptoms sets in which long after the operation may terminate in utter loss of sight."

The objections to the "displacement of a cataract" are thus expressed by Mackenzie, and I am happy to have the weight of his authority in aid of my own:—"The principle on which the operations of 'displacement' are founded, is essentially bad. As well might we expect to lodge an entirely foreign body within the eye, and yet no continued irritation take place, no disorganization follow of the delicate textures with which it remained in contact, and no interruption happen to the function of the organ, as that the lens could be pressed into the vitreous humor, and lie there close to the retina, and the eye continue healthy and vision be preserved. Reclination or depression is to be thought of only when some insuperable objections exist to division and extraction. I assign them this low rank in the scale, not because the lens is apt to re-ascend after being displaced—for that I consider rather a favorable event, from the chance it gives of the cataract dissolving after its re-ascension—but because chronic inflammation within the eye, dissolution of the hyaloid membrane and amaurosis are, I believe, the almost invariable results of a cataract, of any considerable bulk, continuing undissolved in the situation assigned to it by displacement."*

Experience fully warrants the inference that mercury is a general stimulant to all those functions of organic life which are performed under the innervation from the ganglia of the sympathetic system. It is probable that its action is upon these ganglia. Thus, mercury tends to diffuse and equalize secretion, and the circulation of the blood, aiding, in this way, to break up local congestions and inflammations. —*Hartshorne's Medical Principles.*

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* Mackenzie, Fourth Edition, (English,) p. 835.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 32.

Oral Region (*continued.*)—Within the cavity of the mouth the most prominent constituent is the tongue. Forming the floor of the mouth, it lies very accurately within the dental arch of the lower jaw.

Glossal Connexions.—On the sides and in front it is connected to the inferior maxillary bone by the mucous membrane passing from one to the other. When the tip is turned up, this membrane is seen to gather itself up into a fold or cord, the "*frænum linguæ.*" This runs from a groove on the under surface of the tongue to the symphisis of the jaw. On each side of the frænum may be seen a blue line; these are the *ranine veins.* On each side of the same cord, on the floor, a somewhat lobulated projection is visible, covered only by the mucous membrane; they are the *sublingual glands,* which open into the oral cavity at this situation by numerous small excretory ducts. On each side of the frænum open likewise the Whartonian, more properly, submaxillary ducts. Posteriorly the tongue is connected to the epiglottis by three folds of mucous membrane, the "*glcsso-epiglottic*" the middle one of which is called the "*frænum epiglottidis.*" The angle at which these rise from the organ under consideration to the epiglottis produces a little pocket on each side of the frænum.

From the soft palate, on either side, pass down two crescentic folds of mucous membrane to the sides of the tongue, forming the anterior posterior *palatine arches.* These folds enclose muscular fibres, which will be more particularly noticed in another place. To the hyoid bone it is attached by the hyoglossi muscles, and to this same bone and the inferior maxillary on each side of the symphisis by the genio-hyoglossi muscles. With the styloid processes of the temporal bones it is connected by the stylo-glossi muscles. The tip is the freest part of the organ.

Structure.—The tongue is covered by mucous membrane, has a depression, or raphé, running from the tip toward its root, and beset with numerous eminences, called *papillæ.* These are arranged in three groups: 1st. From eight to sixteen very large, and disposed in the shape of the letter V, the apex being directed back toward the root; these are the *papillæ maximæ,* or *circumvallatæ.* 2d. The *papillæ mediæ* or fungi form the next in size, and possessing a very red color, distributed irregularly over the surface, though most numerous along the margin, and especially at the tip; and, 3d. The *papillæ minimæ* or *filiformes,* existing in great numbers, and arranged in oblique rows on either side of the median line, and of a light color. These papillæ are all elevations of the mucous and sub-mucous tissue of the tongue, enclosing blood-vessels and nerves, and covered by an epithelium. They, however, possess some points of distinction among themselves, which may be noticed in a general way. The papillæ maximæ are inverted cones, with the apex of each attached at the bottom of a little depression or cup, are very vascular, and contain great numbers of nerves. The papillæ mediæ possess a degree of firmness and resistance which do not belong to the others, and which result from the amount of connective tissue they contain and their horny covering. They are all surmounted by secondary eminences, and covered by a flattened epithelium, except the mediæ or conicæ, in which they are prolonged into brush-like processes.

Numerous mucous glands exist over the tongue, as, for instance, at the root a group which do not extend beyond its middle; along the sides near the root others, which open between vertical folds of the mucous membrane; and, last, beneath the tip, a cluster being placed on either side. The last two groups are so deeply placed as to be greatly influenced by the muscular fasiculi of the muscles, among which they lie. These are racemose in their form.

Between the papillæ maximæ there are numerous simple follicles, which in their structure resemble the agmenated glands of the intestine, and over the capsules of which is a very fine plexus of blood-vessels. The contents of these glands are fluid, intermixed with granules, the former having an alkaline reaction, and the latter consisting of nuclei and cells. On the addition of acetic acid, no mucus is precipitated, nor is their secretion to be regarded as such.

The great bulk of the tongue is made up of muscular and adipose tissue, containing but a small amount of fibrous tissue. It is divided in the middle by a vertical septum of ligamentous fibres. The muscular structure is disposed in three directions—vertical, transverse, and longitudinal. The first formed by the radiating fibres

of the *genio-glossi* muscles, which, originating on either side of the mental symphisis, expand into the organ from its root to the tip, not, however, quite reaching the mucous membrane; the second, called *tranversus linguæ*, intersect, with considerable regularity, the fibres of the genio-glossus, running from the side to the median septum. The longitudinal fasciculi occupy both the upper and lower surface of the tongue; the *longitudinalis superior* is placed between the mucous membrane of the dorsum and the superior fibres of the genio-glossus and transversus; the *longitudinales inferior* is situated between the hyo-glossus and genio-glossus: the direction of both these muscles is from root to tip.

Blood-vessels.—These come from the external carotid, and are the *facial, lingual,* and *pharyngeal.* The second, or linguals, are the ones principally concerned, and, under the name of ranine, rush along the under surface from root to tip, approaching each other as they advance forward, and only covered by the mucous membrane of the mouth. Alongside the arteries are situated the *ranine veins,* which end in the facial beneath the lower jaw. These vessels are quite apparent as two blue lines, seen when the free end of the tongue is turned up.

Nerves.—These are the gustatory branches of the fifth pair, conferring, probably, common sensibility; the hypoglossal, or ninth pair, distributed to the muscles and imparting motion; and the glosso-phryngeal, a portion of the eighth pair, and perhaps endowing with the special sense of taste. The first and the last are distributed to the lingual papillæ.

Practical Remarks.—The tongue may be so bound down at the top by a short frænum as to demand an operation. This defect is usually congenital, and is called *tongue-tied.* The inconveniences resulting are imperfect nursing, and, later in life, imperfect articulation. The anxiety of mothers about their little ones will often induce them to present such to the physician, under the impression that the tongue is not sufficiently free, when this is not the case. As long as the child can carry the organ upon the lower lip there exists no necessity for interference. When an operation becomes necessary, it will consist in a division of the frænum. This is very simple, and yet, if ignorantly done, may be followed by bad consequences. I have seen a large cystic tumor form beneath the tongue, in consequence of a bungling operator penetrating the floor of the mouth, and doing violence to the sub-lingual glands. The anatomical relations will naturally suggest the division of the frænum midway between the under surface of the tongue and the floor of the mouth, as by so doing the ranine vessels on the former will be avoided, and the sub-lingual gland beneath the latter. Nor will it be necessary to cut deeply, only a very slight nick, as the constant movement of the tongue will soon elongate the resisting the tissue. The instrument best adapted for the operation will be the probe-pointed scis sors.

There is another variety of the tongue-tie which is due to a preternatural shortening of the genio-hyo-glossi muscle or muscles, and which may give rise to stammering. As this must be attacked from the neck, I shall pass it over until that region is reached.

A tumor is met with beneath the end of the tongue, rising from the floor of the mouth, to which the name *ranula* has been applied. It involves the ducts of the sub-lingual glands, the excretory orifices of which here open. These become obstructed by some substance, either mechanical or inflammatory, the secretion accumulates behind, distending them finally into a semi-transparent tumor. Sometimes they are found to be firm and resisting in the texture. In such cases the distension has provoked an inflammatory exudation and its organization into fibrous tissue. The transparency will depend upon the attenuation of the mucous membrane. This same morbid condition may be present in a very limited degree, confined even to a single duct, so as to resemble a little vesicle. The cure of such can rarely be accomplished by puncture and evacuation of the contents, the wound you make will soon heal, and as the duct or ducts are not restored to a pervious condition, the swelling will be reproduced. No treatment short of that which contemplates the destruction of the glandular tissue will prove effectual. This is best attained either by injection or excision, the latter, I think, the preferable, which is readily done by including the mass within two elliptical incisions, and then allowing the wound to heal by granulation or stitching the edges together with the finest silver wire. If it be a small cyst, after clipping it away, the point of a stick of caustic may be carried into the wound for a moment or so.

Another tumor is found in this same locality, and which is produced by a salivary calculus becoming arrested near the outlet of the submaxillary duct; and, last, another variety of tumor, which I am disposed to believe is rare;

and being connected with the under surface of the top of the tongue, rather than the floor of the mouth, must be referred to the cluster of glands there situated. The sides of the tongue may be bound down by cicatricial tissue, so as to interfere with its proper functional movements. Should a nerve filament happen to be included, it may give rise to a very painful condition. This is best remedied by incissions or exsection of the diseased structure.

The surface of the tongue, being an index to much which may be going on in other organs, is considered as a matter of great moment by the physician. These conditions may be such as effect temperature, color, size, movement, and secretion.

A *cold tongue* is indicative of great danger. It is seen in the collapse of cholera, and, in some miasmatic fevers, attended with profound congestion of the internal organs, and always betokens the absence of peripheral circulation and the usual chemical combinations in the lungs; the breath in such patients is cold, and shudders one with its unnaturalness. Preternatural *heat* may result from inflammation of the organ itself, or even of distant ones, as the stomach, &c.

Color.—A pale tongue implies debility or alteration in the blood. Its capillary vessels are empty; the papillæ will, consequently, not be prominent. It is seen in the latter stage of fevers, and will call for the exhibition of tonics, nutritious diet, and, perhaps, stimuli. When present in anemia it reveals the degree in which the red corpuscles are deficient.

The *red* tongue must not be misinterpreted. It may have such a color from inflammation of its own, or any of the structures of the mouth; from irritating substances taken into the mouth; from an overcharge of the circulating fluid with red corpuscles; from a very vigorous reaction after a chill; from loss of epithelium; and from gastritis or enteretis. Careful inquiry will, generally, be sufficient to correct any misapprehensions. This color being dwelt much upon in inflammatory states of the stomach and intestines, often, doubtless, misleads the practitioner. Unless other symptoms be present, pointing to abdominal disease, its evidence alone must be regarded as negative.

Size.—The size of the tongue, leaving out, of course, alterations of structure, is determined in a great measure by causes which implicate the nerves. When large, it exhibits a want of tone in the muscular fibres of the organ, and will be found to accompany a flashy condition of the general muscular system. In diseases attended with much nausea it is found to be present; also, in conditions in which the functions of enervation are impaired. It is certainly, even when no complaint is made, an evidence of a want of constitutional vigor.

The *small tongue* is known to be present in high states of inflammatory intracranial disease, as meningitis, cerebritis, &c., and, in addition to the diminution in size, is frequently quite sharp or pointed at the tip. These characteristics are due, I suppose, to the increased functional activity of the nerves supplying the organ, induced by the inordinate amount of blood conveyed to the encephalon.

Operation for the Relief of Extensive Adhesions between the Ball of the Eye and the Lids.

By A. G. Walter, M. D.,
Of Pittsburgh, Pa.

Adhesions which the ball of the eye at times contracts with the eyelids, in consequence of burns from cinders, iron, steam, and caustics, during mechanical operations, are of frequent occurrence, and, when extensive, have been as difficult to remove as it has been to prevent them. Deformity is the general result; the eyelids adhering to the ball impede free motion, and irritate the delicate organ by the constant tension to which it is thus subjected.

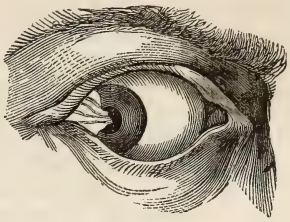
Various have been the means resorted to for removing this vexatious deformity. Free incisions of the cicatrix, with temporary separation of the lids by the aid of plaster strips, or an ansa, drawn through the margin of the lid and confined to the cheek or forehead—incision followed by cautrization—excision of the abnormal plastic product, in conjunction with careful eversion of the lids—a leaden wire passed through the base of the cicatrix, and retained until cicatrization of the fistulous track made by the wire has been effected, with subsequent section of the plastic bond between the wire and the terminal adhesions on the ball, on the same principle as digiti connati have been treated; these and others have been the resources which the ingenuity of surgeons at different times has brought forward; but the ultimate result of all these has only been of temporary or partial benefit, some deformity of lid and ball still remaining, or an entire failure, the cicatrix too often growing more tense and

rigid, with increase of deformity, by the repeated sections.

As cicatrices, wherever situated, are formed by nature after destruction of the dermis and cellular tissue as a protecting shield for the subjacent parts, and being made up of an adventitious tissue, having a high degree of density, and, as such, an inherent tendency to contract upon itself, they generally are not capable of being elongated; nor will incisions, cauterization, etc., modify their structures so as to yield to permanent extension. Speedy reunion follows these attempts at separation, the original tissue acquiring a greater density and increased proneness to contraction. No permanent relief, therefore, can be expected from sections of an extensive and firm cicatrix agglutinating the lids to the eye, as it will be reproduced with increased density of its tissues, the neigboring conjunctiva not being able to assist in relieving the deformity by its elasticity, as we at times see the dermis accommodate itself by elongation in remedying contractions of different parts of the body. Excision of the cicatrix alone promises success, but not if unaided by eversion of the lids during the progress of cicatrization. To effect proper eversion of the effected lid, however, and to maintain it for several weeks, till the wound, after excision, has healed, is of the greatest importance. With this point in view, plaster strips have been applied, confining the tarsus to the cheek or forehead, the outer canthus has been cut into downwards, the lid everted and kept in this position by plaster strips, or an ansa, to the face. The inconvenience, however, which the protracted eversion of the lids entails upon the uncovered eye, irritated by exposure to the air, is generally too much complained of by the patient. To guard against these and similar objections, but acting upon the principle that the ball of the eye must be prevented from coming into contact with the lids till its wounded surface, made by excision of the cicatrix, is perfectly cicatrized, we have pursued a plan (may it be called novel?) which has accomplished the object in view, without incommoding or exposing the eye during the process of cicatrization — nay, even leaving it to the full enjoyment of all its functions.

The history of the following case will best explain the mode of proceeding and its happy result:—

Albert Gerlach, iron-worker, 30 years of age, of Pittsburgh, in passing through the mill in which he was employed, was struck by a hot cinder, from a pile on which water had been thrown, into the right eye, burning the outer

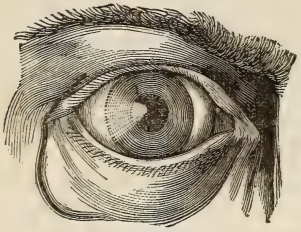


part of the ball and eyelids severely. Great tumefaction of the lids and suffering were the consequence. Cicatrization was slow, with deformity resulting. Two years after, the eye was still impeded in its motion and bound down to the outer canthus, to the upper and lower lid by firm and strong adhesions, producing strabismus divergens, while the cicatrix extended over the cornea to near its centre, the outer half of the lids being drawn upwards and downwards, unduly exposing the eyeball to the contact of the air and irritating it by extension. After several attempts had been made by incision, excision, and cauterization, with the usual results, failure and increase of deformity, I was called upon for relief.

January 12, 1858. Having administered ether, I made a semilunar incision along the rim of the orbit, above and below the outer canthus, through the skin down to the bone, to the extent of more than an inch, while the eyelids were held closed in their natural position. The canthus externus next being lifted up by a blunt hook, the upper and lower lids were cautiously separated from the cicatrix, and the dissection continued until the knife had passed through, meeting the elliptical incision over the rim of the orbit. A slit thus being made, the lids were freed from the ball of the eye above and below the original cicatrix, which was then carefully excised from the eye. After the bleeding had been arrested, a fine pledget of muslin, well oiled, wide enough to fill up the slit in the skin, and a few inches long, was passed through the cut between the lids and the ball of the eye, emerging at the outer commissure of the eyelids and tied over a convex, narrow, silver plate, resting with its flattened extremities upon the os frontis and malæ over the outer canthus of the eye. Thus the outer parts of the lids were well kept elevated from the eye, allowing it undisturbed freedom, yet guarding it from exposure, the eyelids still being the natural protectors. At first, cold water dressings were ap-

plied, which, after a few days, were exchanged for laudanum and lead-water lotion, the wound being syringed several times a day, with tepid chamomile infusion. The patient was not restricted in his habits.

The separation and elevation of the lids was thus kept up for three weeks, the only dressing needed being the occasional change of the muslin slip which had acted as an elevator of the lids. At the expiration of that time, complete cicatrization of the wound of the eye having taken place, the elevator was removed from the slit in the lids, which were now allowed to drop down to their natural position. The incision over the orbit, too, being cicatrized, its edges were next freshened and united by fine Carlsbad needles. Union by first intention followed, no trace of deformity remaining, the line of incision along the rim of the orbit exterior to the canthus only being perceptible.



A result so satisfactorily and readily obtained commends itself to the attention of the surgeon. Adhesions, too, affecting the upper and lower eyelids in the middle, and the corresponding portion of the eyeball, may be freed by similar incisions through the skin along the upper and lower margin of the orbit, with subsequent temporary elevation of the lids from the globe of the eye. The cicatrix, if not extensive or callous, and not interfering with vision, need not be excised—incision through it beyond its boundaries into the line of reflection of the conjunctiva being sufficient. There can be no failure of success if the exterior wound is kept open by the interposition of the pledget until the cicatrix of the globe and eyelid has healed.

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Syphilitic Sore Throat.—As a local application in syphilitic ulceration of the throat, tongue, and lips, Mr. Coulson, of St. Mary's Hospital, makes use of the following formula with great success:—Bichlorid. hyd., grs. vi.; hydrochloric acid, 12 drops; syrup, 1 ounce; water, 8 ounces; to be used three times daily as a gargle, and the mouth to be washed after using it.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

SEPTICÆMIA FOLLOWING RHEUMATISM.

A sailor, 26 years of age, entered the hospital June 30, having a few days before been attacked with pain in the joints and extremities. When Dr. Meigs took charge of him he had a severe attack of articular rheumatism. All his joints were swollen, but there was no cardiac complication. He was treated with nitrate of potassa and Dover's powder, and appeared to be doing very well.

But when he was just expected to become rapidly convalescent, he became suddenly worse, and sank into a fever of a low type, accompanied with some secondary pneumonia and bronchitis. He was sick for many days.

But although his general condition was such as might have led to the assumption that he was suffering under typhoid fever, close examination of the case must lead us to a different view. He had no rose-colored eruption, no diarrhœa, no marked tympanitis, no tenderness in the iliac fossa. We incline hence to consider the case one of pyæmia, or septicæmia—*the pyæmia following rheumatism*, of *Bennett*, of which that author has given some very instructive clinical observations in his lectures on clinical medicine. Another point which strengthens this view of the case is, that the patient was occasianally attacked with chills and rigors.

But although this affection is called pyæmia, it must be remembered that it is really not characterized by the presence of pus in the blood, but that it is owing to the introduction or formation of some animal poison with the nature of which we are unacquainted; hence the term septicæmia is preferable to pyæmia.

The condition of the system to which this name has been applied, has been observed to be owing to various causes. As already stated, and as the case before us is an instance, it follows acute rheumatism; dissecting wounds cause it, and *Vogel*, the excellent German pathologist, mentions the case of a man who was attacked with septicæmia as the result of violent dancing through a whole night.

Perhaps we may trace the origin of the disease in the case before us by tracing the attack to its commencement. As already stated, he was convalescent, and was ordered to be watched carefully, in reference to sitting up or taking exercise. He was seen in the forenoon, when his pulse was perfectly natural. In the afternoon, instead of sitting up but for a little while, as had been recommended, he not only sat up, but also walked around the ward for about two hours. When he was seen the next morning his pulse was 156 in a minute, and from that

time dated his long, lingering illness, so closely resembling, in many respects, typhoid fever.

Now there can scarcely be a doubt that exercise under these circumstances induced the attack. But how is it produced? Is it simply the reaction of the exhausted nerves? We cannot say positively; yet it seems as if there was something else beside mere nervous exhaustion. In the British reports, Mr. ———, and Carpenter, the well known physiologist, endeavor to explain the fact why zymotic diseases, like cholera, small-pox, etc., attack more readily, at the beginning of an epidemic, the hard-laboring classes; and they conclude that this tendency is caused by the greater muscular activity in the laboring classes, causing a much more rapid destruction of tissues, and hence rendering the secondary assimilation more energetic. With a large amount of disintegrating tissues thus present in the system, any morbific influence or agent finds a good nidus in which to act.

Now we can readily conceive how in a patient who has undergone a long sickness, and is just convalescing, too much muscular exercise may cause a more rapid disintegration of tissues and secondary metamorphosis, than the enfeebled functions can take care of, or the weakened state of the system can bear; a mass of efete material thus accumulates and the state of the blood is so altered that we have the patient fall into this low condition which characterizes septicæmia. Even in the perfectly healthy, *excessive* muscular exercise may bring on the septicæmic condition, as in the case mentioned by Vogel.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

(Service of Prof. Pepper.)

VALVULAR DISEASE OF THE HEART.

The patient is a boy sixteen years of age, of healthy appearance, and fairly developed for his age, who worked on a farm. During the last six months, he complains of tightness in his chest; some difficulty of respiration; there is no fever; but he states that for some time past he has observed his feet to be swelled occasionally, when putting on his boots.

On questioning him closely, it does not appear that he was ever attacked with acute rheumatism; but he states that, about a year ago, he had pain in his legs and joints, which, however, did not prevent him from working as usual.

Present Condition.—His pulse is rather *feeble*, easily compressible, not intermittent. It is evident that there is some slight obstruction to the circulation, probably in consequence of some difficulty of the heart.

Physical Examination.—On inspecting the chest, there is found to be a slightly increased impulse externally. A well-marked double bellows-sound is heard over the apex of the heart, but not above. The bellows-sound is strong, almost amounting to a saw sound. Now, there might be a question whether this abnormal sound is not produced by anæmia. But if you look at the patient, his florid complexion, his active capillary circulation, at once negative such a theory, and there remains no doubt that the patient is suffering from disease of the mitral valve, in consequence of morbid thickening and deposits on the valves, caused by rheumatism; for though it does not appear that he had an acute attack of this disease, the pain in his joints and limbs, which he states to have had about a year ago, probably was of a rheumatic character.

This is an interesting case of latent cardiac disease. Ninety cases out of a hundred of cardiac disease in the young are the result of acute rheumatism, from endo-pericarditis. In this case there is no friction-sound, indicating the former existence of pericarditis. The sound is entirely endo-cardiac. Valvular disease, as the result of rheumatism, very rarely attacks the right side of the heart, but generally the left, and most frequently the mitral valves.

The rheumatic diathesis may attack the cardiac structure, though there may have been no articular disease; and we must be careful not to throw out the probability of the rheumatic origin of valvular disease, simply because the patient may not have had an acute attack. There is no reason why the cardiac structures should not be attacked at the exclusion of the joints.

Prognosis.—In the vast majority of cases of valvular disease in the young, resulting from rheumatism, the patients get well. I have seen well-marked mitral affection entirely removed in the course of a year or two. The prognosis in this case is hence not so very unfavorable, on account of the youth of the patient. But when the disease occurs after twenty-five or thirty years, the fatality is much greater.

As far as the general symptoms are concerned, these rheumatic affections of the heart are sometimes entirely latent.

The treatment consists essentially in rest; the avoidance of anything that excites the circulation or the system generally. The patient should quit his work on the farm; and, if at work at all, it should be light. He should be warmly clad, and care be taken not to expose him to the causes which favor attacks of rheumatism; the exercise which he takes should be gentle, and not active. Permanent counter-irritation to the chest, and Lugoll's solution internally, three drops three times a day, would be the therapeutic means to be recommended in his case, while his diet is to be of a nutritious, but bland, unstimulating character.

JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

[Reported by N. G. Blalock, of N. C.]

CAPSULO-LENTICULAR CATARACT OF THE LEFT EYE.

Mrs. M., aged 50 years, with good general health, has been suffering from cataract for six years. It came on slowly at first, and without any assignable cause, and it is now complete. She can, however, see a little after sun-set, or before it rises; much better, at least, than by bright sun-light. From the appearance of the cataract, Dr. Gross believed it to be of the capsulo-lenticular variety, in which both the capsule and the lens are involved. The only cure for this disease is an operation, and this being a favorable case, the operation of extraction was performed, it being preferable on account of its long standing and hardness. The patient was placed in a chair, and an assistant, standing behind her, steadied the head, and also controled the upper eye-lid. Professor Gross sat immediately before the patient. With a Beer's cataract knife, he made the upward section of the cornea, about one-third of its circumference being included in the flap. Gentle pressure, made with the handle of the knife on the lower segment of the eyeball, caused the lens to be displaced without the slightest difficulty. The lids of both eyes were then closed, with strips of isinglass plaster, and the patient was placed in a dark room. She was ordered the fourth of a grain of morphia, and to be placed upon a very light, unstimulating diet.

CONGENITAL CLUB-FOOT.

The patient was a child, six months old, of good general health, and who has been suffering with equino-varus since its birth. The fault was mainly in the tendo-Achillis, to relieve which the tendon was divided, a short distance above its attachment to the calcaneum, by passing a delicate *tenotome* through the skin and in front of the tendon, and then turning the cutting edge toward the surface. By a sawing motion, the tendon was divided with an audible snap, leaving a gap between the divided ends, which will soon fill up with plastic material. The foot could now be put in its normal position. The patient needs but little treatment for three or four days, then we will apply an apparatus. The operation was attended with the loss of scarcely a drop of blood, and gave but little pain.

CONGENITAL MOLE.

Miss S., sixteen years of age, was brought to the clinic on account of a mole, which had existed since her birth, and which occupied a space of about two square inches over the right molar and body of the superior maxillary bones, and also extended a short distance above the outer canthus of the eye, involving the outer third of both lids. The integument, constituting this growth, was of a dark-brown color, it had a verrucous appearance, and was covered with short, crisp hairs. To relieve the deformity, the patient being under the influence of ether, Professor Gross made a very careful dissection of the mole from its cellular attachments, and upon bringing the edges of the wound together, the amount of tension was found to be so great, that another incision was made at the edge of the hairy scalp, the bridge of skin being separated from the deeper parts. This allowed of the most perfect apposition of both wounds, except a very small triangular space at the lower portion, and several points of the interrupted suture were used to bring the cut and surfaces together. Cold water dressings were ordered to be applied to the parts, and her bowels were to be kept in a soluble condition, and her diet should be light and unstimulating.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D., Recording Secretary.)

Wednesday Evening, October 10th.

Dr. Isaac Remington, President.

Subject for Discussion: Opium as a Therapeutic Agent.

(Continued from page 65.)

In the treatment of idiopathic fevers, opium has been much employed in fulfilling various indications, and under different and even opposite states of the system. As an effective agent in preventing the chill of *intermittent fever* its power has long been known. When given a short time before the expected period of return, and aided by warm drink, it has generally succeeded in preventing the chill, or, at least, has rendered it shorter and less severe. Its mode of operation in these cases seems to consist in allaying, or rather in forestalling, peripheral irritation, thus maintaining the normal circulation of the blood and consequent determination to the surface. In certain peculiar conditions of the system, arising during the progress of continued fevers, opium is much employed. These conditions are among the most usual that demand our attention in the course of typhus or typhoid fevers, and also in the progress of symptomatic fevers. Of typhus I have scarcely any knowledge, having seen but few cases of

the disease. Generally speaking, toward the end of the second, or during the third and fourth weeks of the existence of typhoid fever, we have presented to our notice the condition of the system just alluded to. The more active period of the disease having passed, the patient is now left prostrate, and daily shows a tendency to a still further depression of the vital forces. This is clearly indicated to one who has seen much of this fever (and especially in the more violent character it generally assumes in suburban or rural districts) in the very "*Facies Morbi.*" The expression of countenance at once indicates great debility, combined with an indescribable malaise; the surface is generally dry, and often hot; the respiration quick and uneasy; the pulse irritated; the tongue most frequently dry, red, chopped, or very smooth, with or without coating; sordes are often noticed upon the teeth; the intellect confused during some part of the day or, more commonly, the night; delirium and rambling, or a strong tendency thereto, exists; yet the patient generally answers well enough when spoken to. With this train of symptoms he is unable to sleep, unless in short and uneasy spells. Such is the condition alluded to, at least in its more striking features. Independent of the primary cause of the disease, no circumstance so tends to keep up this condition as the want of sleep, and until this be obtained the prospect of amendment is remote. Notwithstanding the heat of surface, irritated and sometimes rather hard, though small pulse, redness of the tongue and flushed face, the state of the system is essentially asthenic.

There is, in such cases, scarcely any call for food, though, when offered, it may be taken, as it were, automatically. Complete derangement in the harmony of the cerebro-spinal and sympathetic systems seems to exist. The constant wakefulness and incessant exercise of the intellectual faculties often upon perplexing topics of business, *robs, as it were, the organic system of its due share of blood and nervous influence, and thereby impairs more and more the organs destined to nutrition and the maintenance of the vital powers.* So long then as the intellectual powers remain in an excited and abnormal condition no improvement need be hoped for. Here it is that opium often displays its highest powers in the removal, as well as in the alleviation of disease, and the benefit that often accrues to the patient in such circumstances, from one or two nights passed in sleep, has surprised those who witnessed it. The improvement is at once seen in the more animated countenance, the fuller and slower pulse, softened or moist skin, and diminished heat of surface; and, notwithstanding the generally depressing effect of opium upon the digestive organs, there is, under this altered condition, an improvement of the appetite. To what special influence of opium, in the case before us, the change is to be attributed is perhaps not fully determined. In view, however, of its widely-extended power over the nervous system, and in the opinion that such a condition, as just described, cannot exist, independent of a *total want of harmony in the correlative movements of the nervous centres*, we are perhaps justified in saying, that the especial object accomplished by our remedy is the harmonizing these perverted movements. The beneficial action of the medicine is derived, perhaps, both from its stimulant and sedative qualities. For, as it is difficult to conceive of such perverted action, without excess of movement in one system or in one organ, as compared with another, so is it difficult to account for the controling and harmonizing influence of opium, without supposing it to exert a combined stimulant and sedative action. Yet, it is not probable that any such contrariety of effect should occur as the direct and immediate action of the remedy, but in an indirect, collateral way, as we see an instance of in case of intense spasmodic pain from the passage of biliary or urinary calculi, where the almost suppressed action of the heart and arteries is restored through the action of opium in relieving this painful spasm.

This part of the subject has been dwelt longer upon, because the state alluded to is of frequent occurrence, not only in idiopathic fevers, but in advanced stages of many inflammatory affections; and in all such cases the same line of treatment becomes necessary. Small pox is another disease in which the utility of opium is strikingly shown. So long as the patient bears up well under the attack, it seems most prudent to avoid its use, and thus also husband our resource. But it often happens that, as the pustules approach maturation, irritation of the nervous and vascular systems is greatly increased, and about the same time the patient is harrassed with a tenacious phlegm, exceedingly difficult to detach from the throat and fauces. In these cases opium exerts a most salutary effect in relieving these symptoms, and procuring quietude and sleep. Rheumatism, no matter how acute the attending fever, or how robust the patient may be, will, after venesection or, perhaps, without, be found more amenable to the influence of opium or Dover's powder, alone, or combined with antimony, than to most other measures. If the pain be intense, so will be the nervous irritation; and in such cases the doses should be large enough to subdue the pain and quiet irritation, and as this is one of those diseases in which the system supports very well the action of the medicine without inconvenience, it should be freely employed.

In puerperal peritonitis we have another instance in which opium displays the most admirable powers, curative as well as anodyne. The inflammation in this case seems to assume a peculiar type, depending in all probability upon the unusual condition of the patient at the time of attack, and also upon the (as it were abnormal) state of the parts implicated. The woman at the time is comparatively debili-

tated, the result of various agencies active during labor and subsequent thereto. Generally a considerable, often a great, loss of blood has occurred, and if the labor has been very severe and protracted, the debility has been further increased by the inordinate expenditure of nerve power. In addition, not much food is apt to be used during labor, and low diet is enjoined upon the patient afterwards. With this condition of body in view, and bearing in mind the peculiar state of the uterus and adjacent parts, and the facility and rapidity with which gangrene, or a near approach to this condition, may supervene, we cannot be too careful to adopt such treatment as will least prostrate the strength that remains. Peritonitis, in my own practice, has generally followed severe and protracted first confinements. The sheet anchor, as it is termed, is, in such cases, opium, or Dover's powder, given freely and especially *early in the attack, with the object of forestalling* its further development. The action of the opium may, in a few cases, where the patient is very plethoric, be assisted by a use of the lancet; as a rule, this should be sedulously avoided.

Of the almost endless variety of medicines resorted to for the cure of *dysentery*, no one possesses the same power to alleviate the suffering and expedite a recovery as opium. That much discrepancy of opinion on this point has existed, and continues to exist, we are well aware. Whilst some have thought the employment of this remedy should be confined to mild attacks, (thinking these were the only cases to be benefited by its use,) accompanied with but slight febrile movement, others have found especial advantage from its action in the most violent epidemic form of the disease. My own somewhat extensive experience in this disease has not shown the necessity of any distinction of this kind, the good effects of the medicine being manifest in either case. In the more violent forms, occurring sporadically, or as an epidemic, opium unquestionably has its position in the first rank of medicines, capable of alleviating and curing this most painful, harrassing, and dangerous malady. Excessive febrile movement, great tenderness of the abdomen, severe griping pains, with oft-repeated bloody stools, violent and most distressing tenesmus, excessive nervous irritation, with more or less delirium on the prominent manifestations of the disease, as it more especially shows itself in rural districts. To successfully combat such a train of symptoms, after attending to the removal of the fecal contents of the bowels, the indications are evidently to abate, as far as possible, the force of febrile action and to allay the excessive pain and irritation, local as well as general. The loss of blood, by bleeding from the arm, or leeches to the abdomen, may often, with marked advantage, precede the employment of opium, and render the operation of this remedy more manifest; yet, as a general rule, bleeding needs not to be repeated. As the *arterial excitement is chiefly kept up by the intense pain and excessive nervous irritation*, the anodyne and sedative power of opium is most to be depended upon for the removal of these symptoms, and when properly employed, in reference to amount, time, and the peculiarities of each case, no other article of the materia medica can favorably compare with this agent. The advantages obtained by such use of opium are often promptly manifested, but in many other cases it is necessary to keep the patient under a guarded use of the medicine for a length of time, the stubborness of the disease, in its strongly-marked epidemic form, being well known. Yet, with all the power exerted by opium in controlling this disease, there must be many failures in the epidemic variety, and hence, perhaps, the doubt of its utility in these difficult cases, on the part of some physicians, who unfortunately have hitherto furnished nothing more promising as a substitute. The solution of the disease is generally by the production of perspiration, and the return of the various functions to their normal state, apparently the sequence of subdued pain and nervous irritation, and these are often removed more quickly and effectually by repeated injections of laudanum and starch than when the medicine is received into the stomach.

In simple cases of diarrhœa, the product of suppressed perspiration, or of intestinal irritation from ordinary causes, as undigested food, and not connected with organic disease, we have in opium the readiest and surest remedy. The same may be said of cholera morbus, as we see it every season, and here advantage is generally derived by combining the opium with camphor. In the treatment of Asiatic cholera I have had but a limited experience, and this was not in favor of opiates. When the disease is fully developed *in its congestive form*, we could scarcely think of deriving benefit by the employment of opium.

In the different inflammatory affections of the respiratory apparatus, opium is exceedingly useful. It has been attempted, by some writers, to show that the remedy is more especially applicable to inflammation of the mucous membrane of the air passages and of the parenchymatous structure of the lungs. This restriction, however, can hardly be thought well founded, as the serous membranes of the chest, when inflamed, are, in common with the adjacent tissues, amenable to the same *beneficial action exercised by opium upon inflamed tissues in general*. The greater advantage that may seem to arise from its use in one, rather than in the other case, is, perhaps, not so much from difference of tissue as from difference of function in the parts concerned. The quieting of cough, so much more common when the mucous surfaces are affected, and the production of expectoration when opium is combined (as is usual) with antimony or ipecacuanha, may, perhaps, be more properly regarded as adventitious benefits in the action of

the remedy. The action of opium in this, as in inflammation generally, seems to consist in one general influence, that of *equalizing or harmonizing the distribution of nervous power;* thus removing irritation, and thereby restoring the lost balance of the circulation, or (if this phrase, as some have thought, be objectionable) in *restoring the movement of the capillary system to its normal condition.* The immediate effect of this return of the capillary system to a normal state, is the *restoration of the normal action of the various organs,* and consequently the return of the natural secretions, and hence the resolution of inflammation by perspiration, abundant mucous or muco-purulent secretion, increased flow of urine, &c. Of the great number of diseases and deviations from the healthy state to which the economy is exposed, few are more benefited by the use of opium than are some of those peculiar to females. For the prevention of threatened abortion, opium, when quietude is observed, is the most effectual of all remedial agents. This holds good whether the exciting cause be from within or without, and it is more especially useful to women of nervous temperament and irritable fibre.

In hæmorrhage, coming on either before or after abortion, and at or near full term, it is likewise, of medicinal substances, the most reliable; and it has been proposed by some practitioners to administer the medicine, if the case be alarming, nearly to the production of narcotism, if a less effect does not suffice. Such a condition, however, or any approach to it, is to be avoided, and can rarely, if ever, be required. The mode of operation of the medicine in these cases, is of difficult solution. With the twofold object in view of relieving pain and facilitating the expulsion of the ovum in unavoidable abortion, opium, when freely given, is often productive of the best effects, as it frequently happens, that, whilst the pain (sometimes of an excruciating character) is diminished, the rigidity of the *os uteri* gives way, and the conception is cast off. In misplaced pain, during parturition, opium will sometimes act very beneficially. A strongly marked case of this kind occurs to me of a young woman attended during my stay in the country. Shortly after the commencement of labor, with natural and properly located pains, she was attacked with pain of an almost unendurable severity, affecting and extending from the fundus of the uterus deeply into the left hypochondrium. Having obtained scarcely any relief from two or three full doses of morphium, and having suffered in this way during nearly three hours, a consultation was requested. The consulting physician proposed a greatly increased dose, and, in forty or fifty minutes after taking it, the patient was entirely relieved of the misplaced pain, and this was soon followed by the re-establishment of natural labor. Where, in labor otherwise natural, the rigidity of the *os uteri* is excessive, or where the difficulty seems to consist in irregular action of the nerves and muscular tissue of the uterus, the good effects of opium in harmonizing the spinal and ganglionic nervous influence, is sometimes seen in diminished pain and shortened labor, as in the case of abortions before alluded to.

As before intimated, it was not my design in this introduction to do anything more than to notice some of the more prominent diseases and conditions of the system in which opium was employed. To attempt more than this, would be in a measure to traverse nearly the whole field of medical theory and practice, and I shall therefore bring this paper to a close in a few general observations. The employment of opium in medicine, and especially in full and repeated doses, has been objected to, as before said, by some writers, as fraught with too much danger for ordinary use. This objection may with equal propriety be urged against nearly all the more potent articles of the materia medica, and as regards many with much more reason. It is doubtful if there be a single drug, or preparation of pharmacy, capable of fulfilling, in a satisfactory manner, a tithe of the indications so well performed by this agent, whose employment is not attended with more risk if rashly used. Some of these are slow in manifesting their immediate action or their ulterior effects, and yet, when accumulated in the system to a certain extent, exhibit their power, at times, in an extraordinary and unmanageable form. Others produce irritation of the mucous membranes, or other tissues, and insidiously establish sub-acute inflammation and consequent perverted organic action and ill health. With a proper degree of caution, none of these disagreeable consequences are seen to follow the use of opium. Its action is frank and undisguised, and so soon as we perceive a tendency to excess in its operation, we have but to suspend, for a time, its further use, and the unpleasant symptoms gradually disappear without any permanent ill consequences remaining. Let me not, in making these remarks, be misunderstood, for, as previously stated, the successful employment of opium requires the nicest pathological discrimination and *close attention to its effects,* and where the indications for its use are not clear, redoubled caution, or non-employment of the medicine for a time, would seem to be the proper course.

One of the most singular effects of opium is seen, as before hinted, in its apparent contrariety of action, as we may see, for example, when given in certain anæmic states unattended with fever. Here it will often remove a disposition to sleep, acting apparently as a stimulus to the brain, by inducing a greater degree of arterial action or a degree of congestion in its vessels. We have instances of this sort in diseases of a slow, wasting character, where nutrition, and, as a sequence, sanguification, are badly performed, and sometimes after great loss of blood or other discharges.

In the same anæmic state with irritation and fever, opium will often procure sleep, acting in this instance by allaying nervous irritation from its sedative power, and inducing sleep by its anodyne and soporific qualities. Instances of this sort are seen in the latter stages of typhus and typhoid fevers, in typhoid pneumonia, in many other analogous conditions, and, strangely enough, sometimes in the reactionary fever noticed after excessive hæmorrhage, as in some cases of abortion. In the removal of a disposition to sleep in anæmia without fever, by assuming the recumbent posture, and in its production in plethoric states of the system from the same recumbent position, we have somewhat similar phenomena. Again, opium, in moderate doses, invigorates the action of the heart in anæmia without fever, probably by a direct action. It likewise invigorates the action of the heart when nearly suppressed, as before alluded to, in the excruciating pain caused by the passage of biliary or nephritic calculi, or violent cramp of the stomach and bowels, and in these cases the action upon the heart seems indirect. The various phenomena in the movements of the heart and arterial system, under the action of opium, are matters that merit the closest observation of the physician, not so much as mere objects of curious physiological inquiry, as with a view to the deduction of some useful theory, from which may be educed principles and rules of practical utility in medicine. The physiologist has experimented much in reference to the influences controlling the movements of the heart, and the various agents by which these movements may be modified, but with only partial success: for whilst he has, to a considerable degree, determined the influence of each separate branch upon the nervous system upon its movement, their correlative influences yet remain in obscurity. Let it be the object of the practitioner, at the bedside of his patient, by the most rigid and patient scrutiny, to secure, for the benefit of the "Healing Art," as large a share as possible of that knowledge, which the knife of the exclusive pathologist and vivi-sectionist has, with all their commendable efforts, failed to supply. In conclusion, I would say that a want of sufficient time has in part prevented me from presenting a paper more in accordance with the importance of the subject treated.

(*Discussion next week.*)

ACADEMY OF NATURAL SCIENCES.

Meeting of October 16th.

Dr. Bridges, Vice President in the Chair.

Various donations to the Museum and Library were presented.

Letters were read from the Society of Arts and Sciences at Utrecht, Holland, F. A. Sauvalle, of Havana, and Prof. S. S. Haldeman.

The following papers by Charles C. Abbott were presented for publication in the Proceedings:—"Descriptions of new species of apodal fishes in the Museum of the Academy of Natural Sciences;" "descriptions of two new species of galeichthys from Kansas;" "descriptions of four new species of North American cyprinid;" a "description of a new species of exocetus from Chili;" which were referred to a committee.

Dr. Leidy exhibited a portion of the upper jaw of an extinct species of dicotyles or peccary, which he had recently received from Dr. Owen, of New Harmony, Ind., which he compared with the skull of the extinct species belonging to the collection of the Philosophical Society, and which was found about fifty years since. He decided that it belonged to a different species from it, and also pointed out the differences between it and the two species now existing. He did not propose to give any name to the species at present.

Dr. S. Weir Mitchell made a very interesting communication on the subject of the poison of the rattlesnake. After adverting to the history of the various works on venomous reptiles, he proceeded to explain the anatomy and physiology of the poison apparatus of the rattlesnake. He showed first, by the aid of magnified drawings of the parts, the bony structure of the jaw, and the manner the various parts were articulated together, so as to keep the poison fang in such a position, when not required for use, as not to interfere with the feeding of the snake, and then the manner in which it was pushed forward and brought into the position most favorable for striking with effect. He then explained the action of the various muscles by which the fang was drawn back and thrust forward, and showed how one of these, while erecting and fixing the fang, at the same time, as soon as it had pierced the animal bitten, compressed the poison gland and forced the poison out, either through the duct leading through the tooth to the bottom of the wound, or beside it, and into the surface of the same. He then explained the position of the poison gland and its duct, and showed the manner in which this duct communicated with the one leading through the tooth, and the manner in which the poison was prevented from flowing out when the fang was not erected. When the fangs are torn away, they are soon replaced by others; indeed they appear to be regularly shed by the animal, so that it gives no security against a fatal bite that the fangs have been removed.

The poison is contained in the poison gland in considerable quantity, as much as ten to fourteen drops having been procured from a single one from a snake about four feet long. It is of a pale greenish yellow color, and its activity is not impaired by keeping for years. It may be swallowed, if the skin of the mouth

and throat be not broken, with impunity. Its poisonous properties are not destroyed by boiling or freezing. After it has been dried, it may be again restored to all its virulence by again dissolving it in water. There appears to be no absolute antidote to it. The most successful plan is to give some powerful stimulant, such as spirits or ammonia. When spirits are given, it is necessary to keep up the stimulation *fully* for a considerable time. The quantity sometimes taken, without producing intoxication, is very great; in one case specified, three pints of strong spirits were given. The Doctor remarked, however, that at one of our military posts, it was very common for the men to be bitten by rattlesnakes so long as the whisky cure was used; but when a different and nauseous stimulant was substituted, the bites rapidly diminished in frequency.

Dr. Darrach exhibited a perfect insect of the mirmellion or ant lion.

Dr. Fisher, on behalf of the Committee on Proceedings, announced the publication of the numberfor September.

EDITORIAL DEPARTMENT.

PERISCOPE.

CHLOROSIS IN CHILDREN.

Under the title, "Researches on Chlorosis, especially viewed as occurring in children," Dr. Nonat, physician to the *Charité*, has, at a recent meeting of the *Academie de Médicine*, communicated a paper, a full abstract of which is published in a recent number of the *Gazette Hebdomadaire*, of which we avail ourselves to lay before our readers his views on this interesting subject of infantile pathology.

Of 68 cases of chlorosis in children, observed by Dr. Nonat, 27 occurred in boys and 41 in girls. As to age, these were distributed as follows:—

Under 1 year,		-		3	cases.
From 1 to	2	years,	17		"
" 2 "	3	"	6		"
" 3 "	4	"	5		"
" 4 "	5	"	4		"
" 5 "	6	"	6		"
" 6 "	7	"	4		"
" 7 "	8	"	7		"
" 8 "	10	"	5		"
" 10 "	15	"	11		"

These figures show, first, that chlorosis exists in infancy, and that it is found in the first months of life; secondly, that it is common to children of both sexes; thirdly, that it is much more frequent in girls than in boys.

From his observations, Dr. Nonat concludes that, without exaggeration, about eight-twelfths of all children are affected with chlorosis.

Chlorosis is essentially hereditary. It has requently been observed simultaneously in the mother and offspring, and often been met with in children of the same family. The writer has seen six, seven, and even eight chlorotic children from the same descendancy.

Bad hygienic conditions, of food and habitation, have an immense influence upon the progress and evolution of chlorotic phenomena, which they always aggravate; but they cannot, according to Dr. Nonat's opinion, be considered as properly pathogenic to chlorosis.

According to the author's further observations, chlorosis manifests itself in children *always* by the pathognomonic bellows-murmur; *very frequently* by discoloration of the integuments, the decline of strength and muscular power, and by various troubles of the digestive functions. But the nervous accidents which are so often seen in young chlorotic girls after the age of puberty, are very rare in children.

Chlorosis exercises a deleterious influence upon the regular development of the organism, rendering its subjects liable to succumb to morbific causes, etc.

After discussing the value of iron in the treatment of chlorosis, which the author does not consider as a specific, though he looks upon it as a most valuable remedy, in connection with proper food, exercise, good air, etc., he arrives at the following conclusions:—

1. Chlorosis is a congenital, original disease, which precedes functionally the abatement of the force of hæmatosis.

2. Chlorosis is essentially distinct from anæmia. These two morbid conditions differ from each other in their etiology, their alteration of the blood, the progress of their symptoms, and the treatment adapted to them.

3. Chlorosis constitutes a morbid unity; it is always idiopathic, and the various chlorotic symptoms described by authors must be referred to different forms of anæmia.

4. Chlorosis does not exclusively belong to the female sex; it is also observed in the male, but less frequently.

5. Far from being the result of a suppression or of a retention of menstruation, it is often the cause of these accidents.

6. Chlorosis is not a disease peculiar to the age of puberty; it is found at all periods of life.

7. It is very frequent in children, where hitherto it has not been sufficiently observed and studied.

8. Chlorosis exercises a prejudicial influence upon the development of the organism; it plays an important part in the production of diseases, and contributes to hasten their march and retard convalescence.

9. Iron is not a specific in chlorosis, such as is mercury in syphilis and quinia in intermittent fever. Chlorosis is cured spontaneously with age, in consequence of the regular de-

velopment of the organism. Notwithstanding, however, it is necessary to administer ferruginous preparations, which constitute, so far, the most efficacious auxiliary treatment of chlorosis.

MR. HANCOCK'S OPERATION FOR HYDROPHTHALMIA.

The Paris correspondent of the *Lancet* says:—

M. Coursserant, after reminding the society of the difficulties and ill-success attending the treatment of most of the organic changes in the structure of the eye, introduced to their notice the particulars of a case of hydrophthalmia, in which the plan of treatment originated by Mr. Hancock had been adopted and followed by excellent results. M. Coursserant said that he agreed with Mr. Hancock in believing that the excessive outpouring of fluid in the eye, and its over-distension, might be in some way connected with a too energetic and too permanent contraction of the tensor of the choroid, and, therefore, decided upon effecting the complete division of this muscle in the way recommended by the talented London surgeon. As hydrophthalmia existed in both eyes, and was furthermore congenital, the operation was undertaken as a sort of forlorn hope, and with no very sanguine expectation of success. The globe of the eye had attained, on either side, a volume double that of the normal state, and the amount of vision was nominal only, and utterly insufficient for the purposes of locomotion. The disease completely resisted all attempts at treatment, *one of the means resorted to being paracentesis of the anterior chamber*, performed every fortnight during the space of five months. A fortnight after the performance of Mr. Hancock's operation, the patient, a child eight years of age, was able to run about and play with his schoolfellows, the eyesight being inconceivably improved, and the volume of the globe considerably diminished. The testimony of M. Coursserant, added to the already-expressed approbation of M. Desmarres, who has tried the operation in glaucoma, will, I trust, prove a sufficient answer to those gentlemen who have hitherto chosen to shut their eyes to the value of Mr. Hancock's method, and who, in their *blind* attachment to irridectomy, have thought fit to condemn, and apparently without trial, a surgical novelty which, in other hands, has yielded, and still does yield, most excellent results.

HYPOCHONDRIACAL CONCEPTIONS A PRECURSOR OF GENERAL PARALYSIS.

M. Baillarger, one of the physicians of the Saltpetrière, and a distinguished "alienist," believes hypochondriacal melancholy to be a reliable precursor of general paralysis. M. Baillarger, as quoted by the *Lancet*, says:—

The distorted conceptions of those laboring under hypochondriacal melancholy are, it is true, most varied and capricious; there are, however, certain elements of similitude which act as guides in the recognition of the symptom. One of these is the systematic obstinacy evinced by the patient in himself producing the disturbance of function of which he complains. One man, for example, imagines himself dumb, and resolutely keeps his mouth closed; another, that he is blind, and in the same way refuses to open his eyes; and so on. In all the cases thus primarily affected with these distorted conceptions, and which M. Baillarger has been able to follow up, general paralysis has, sooner or later, been found to occur with unvarying regularity."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, OCTOBER 27, 1860.

O "TEMPORA!" O MORES!

In looking at the manifestations of our social and civil institutions, it is astonishing to observe the india-rubber quality of public opinion, public conscience, and public morality.

Yesterday hailing with wild shouts of patriotic sympathy the exile from foreign lands, the victim of king-craft, to-day going in extacies over the representatives of a semi-barbarous race, and to-morrow putting on tinsels and the fool's cap, and turning somersaults for the amusement of royalty, amidst the clamors and shouts of a presidential contest—truly no nation can compete with us in that wonderful attribute, which has, indeed, become a byeword among other nations—elasticity of public opinion.

Of course, no man of common sense will find fault with this. We are a young nation, prone to pranks and freaks, and public opinion with us is a foot-ball which everybody kicks as he pleases, and in any direction which he chooses, provided he can get a chance. In the course of time, our nation will have sown its wild oats, and spend its energies in more sensible and profitable excitements than some of those which have lately been witnessed.

But while there need be no fear in regard to the effects of these sprees upon which our nation is bent, from time to time, and which may be considered, perhaps, in the light of safety-valves to let off superfluous steam, that

might otherwise lead to serious catastrophies, there is danger that public conscience and morality, in some respects, has been so much and so continually put on the stretch, that its elasticity is almost entirely gone, that it is doubtful whether it will ever recover its normal condition.

To no particular instance does this remark apply more forcibly than to the relations of woman, as a mother to the state.

Madame Restell has been allowed to go unpunished. Mershon, after having plead guilty of the charge of criminal abortion, was punished merely by a nominal fine. Hundreds of similar instances might be adduced. There are thousands upon thousands of Restells and Mershons all through the country doing a thriving business in murdering children.

Then, again, the ways and means to accomplish abortion are freely and openly offered to the people by the public prints. It is but a few days ago, that we read in the New York *Daily Times* an advertisement inviting all those with whose health or *circumstances* it does not agree to become mothers, to apply by letter to a certain address, and for a certain sum obtain the surest means to prevent the *nuisance*. It is supremely ridiculous to see some very excellent and pious religious papers, so called, raise their hands in horror above their heads at the outrage upon morals and decency committed by a daily secular paper in publishing theatrical advertisements, while they have not a word to say against the whole array of murdering advertisements published in the secular press, and, aye, while publishing them themselves.

Now, it is evident that there must be some general cause that makes a crime, which the world over is considered as one of the most dastardly, so common; and a reason, aside from legal leniency, which makes judges and district attorneys and grand juries look with indifference at the punishment or escape of the criminal abortionist; there must be something in the public conscience which allows newspapers to advertise the ways and means of committing this species of murder.

Suppose to-morrow, on opening their morning papers, the five or six millions of reading men and women of this country would find, flamingly displayed, an advertisement somewhat as follows:

Attention!—A Sure Method!—New Invention.—All those to whom certain parties are obnoxious, and who wish to get rid of them in a quiet and certain manner, may accomplish their object without fail by getting a vial of Killberry's celebrated concentrated essence, which has never been known to fail, and is undiscoverable by chemical or any other means. Directions sent with the bottle. The attention of fast young men and women, waiting to inherit riches from old uncles or aunts, is particularly requested.

We dare say that an advertisement of this sort would speedily be followed by the arraignment before Judge Lynch of every editor, or owner of types, connected with the villainous advertisement.

And yet, what is the difference between this imaginary advertisement and those published in the New York *Times, et id omne genus*, circulating in our households? What is the difference between the men who lend their sheets to advertisements of child-murder, and the man who would stand in the public square openly inviting the passer-by to buy a sure poison, with which to kill those whom he hates?

But, shocking as the picture is, desponding as it is to contemplate the utter "*moral idiocy*" manifest in such conduct, yet more degrading to our national pride is the idea, that, in this respect, the newspapers appear but to reëcho the moral sentiments of the community, for else, how could we explain the quiet submission to such shameful conduct? What has become of public conscience, of public morality, when child-murder has become perfectly acclimated, and when people are openly invited to buy the means with which to commit it? Where is our vaunted civilization, where the progress of which we can feel proud, where the exemplary Christianity of which we boast, where are law and justice, and where is humanity, when murder is reduced to a matter of daily expediency, when newspapers come to us laden with the beastly fragrance of invitations to child-murder?

Cannot the press be forced by a regenerated public opinion to put a stop to their tempting and inciting men and women to commit murder? Is it not time that Grand Juries should take hold of the matter?

MEDICAL JURISPRUDENCE.

It is a curious fact, that in no country throughout the civilized world is medical jurisprudence, or, if we wish to go a step beyond, and include public hygiene, is State medicine more neglected as a scientific study than in the United States; and that we can yet boast of having in the work of the *Becks* the most complete and classical work on the subject in the English or in any other language.

Yet, in measuring the standard of medico-legal science of a country, it would be futile to point to a few excellent treatises that have been published on the subject, and therefrom to estimate the state of the science. For, while fully appreciating such works as those of the Becks, Elwell, etc., we cannot be blind to the fact, that, while they are monuments of the scholarship, learning, and industry of their authors, they are indirectly a *testimonium paupertatis* to the profession. For it can scarcely reflect to the credit of American science when regarding so highly important a branch of medicine as medical jurisprudence, that it can point to but two or three books as the sole instructors and authorities on the subject, however excellent these instructors and undoubted these authorities may be.

It may not be amiss, in a discussion on this subject, to start with the statement at once plain and palpable, that the present system of education throughout the country, in this respect, as a general rule, is miserably defective. There are indeed some who would attempt, for reasons more apparent, undoubtedly, to themselves than to others, in apologizing for the present defects in teaching forensic medicine, the plea generally being that the limited time does not allow of considering the subject extensively. But, almost with the same breath, we are frequently assured that the present system of teaching, and the curriculum now generally adopted, are the very best that could be carried out, and that, after all, it was a serious question whether medical jurisprudence should not be left to be acquired after the student has graduated. To both of these points we shall refer as far as our space permits.

In the first place, if, with the admitted importance of medical jurisprudence, it cannot be fully taught and elaborated on account of the limited time, this forms one of the most forcible reasons why the time for study should be extended. The occasional plea that it can be acquired after graduation must be considered a subterfuge. For, in the first place, the young physician's time is too much taken up, in the majority of cases, to apply himself to a systematic study like that of medical jurisprudence; and the latter itself is so wide and extended in its scope, that it requires something more than the mere reading of a text-book to acquire it. The subject can, perhaps, best be illustrated by a case.

A young physician, just graduated, locates himself in a town and puts out his "shingle." It is not very likely that he will be called at once to the first families in the place; but it is much more probable that he may be summoned suddenly to the river's side, where a man has just been found drowned. It is his business to distinguish between death before immersion or death from drowning; whether any injuries have been inflicted before death or not. Suspicion falls upon certain persons to have strangled the man and thrown him into the water. He is to tell whether the man was strangled or drowned, whether he was in articulo mortis when he fell in, or was thrown into the river in perfect health. An eager crowd is enlivening the scene. Theories of foul play are abundant; and the physician's every movement, nod, or wink are closely watched. A coroner's jury is summoned, and an order for a post-mortem examination given. Imagine the fearful responsibility which rests upon the physician, if persons are held in arrest to be liberated or sent to their trial for murder on his testimony. All this may happen within a week after he has graduated and located himself; and yet we are

told that it is a matter of serious consideration whether medical jurisprudence should not be left to be acquired after graduation!

What is the young physician to do? There is time for but a hasty consultation of books, and fortunately for him if he escapes from that with his ideas unconfused and his common sense unimpaired.

But, it is said sometimes, that medical jurisprudence being in fact made up of all other branches of medical science, he who is versed in the latter, is capable, *eo ipso* to solve questions of forensic medicine. This, again, is an untenable position. Physiology, even if taught experimentally, cannot settle the intricate questions of infanticide, or of strangulation, suffocation, and drowning. All these conditions must be studied by themselves as *facts*, and the questions involved in them cannot be solved on theoretical principles whatsoever.

A great deal of mischief has been done to the profession by the ignorance of medical witnesses of medico-legal questions, and we doubt whether there is any one cause which has contributed so much in undermining the confidence of the public toward the healing art, as the looseness displayed by the profession in regard to their duties toward the Commonwealth. We attach no blame anywhere, because this state of things has been brought about by the rapid development of the material interests of the nation, which has rendered our scientific progress necessarily more or less superficial.

But we think it is time that attention should at least be called to one of the greatest deficiencies in our medical education. If the time may yet not be at hand for distinct professorships of public hygiene and medical jurisprudence in our medical schools, let, at least, the medical institutions of the country feel proud of not sending their graduates adrift without a full idea of their responsibility to the State and a knowledge of the most important questions of medical jurisprudence, so that they may do credit to themselves, and elevate the position of medicine among their fellow-men.

SPIRIT OF THF MEDICAL PRESS.

Under the heading "Deficiencies in the Schools," the London *Lancet*, of October 6th, has an editorial which puts the matter of MEDICAL EDUCATION IN ENGLAND in anything but a favorable light.

Of anatomy, it says, that "anatomical study is universally obstructed in the metropolitan schools by one prime difficulty—the scantiness and cost of anatomical subjects. It is impossible that a majority of medical students in England should dissect, as do continental students; it is impossible that they should acquire that full, practical acquaintance with the topography and manipulation of the human organs, which is agreed on all hands to be the basis of sound medicine and surgery, without a tenfold more numerous supply of subjects than is accorded by the present legislative restrictions."

Again, in reference to the study and practice of surgical operations upon the dead body, the *Lancet* says, that they are practically impossible. "The cost of a subject ranges between four and five pounds sterling, and the fee for the professor amounts to about an equal sum. This is nearly prohibitive of the performance of one series of operations on the dead body prior to practice on the living."

In regard to clinical teaching, the *Lancet* says that is a shadow of a name in many of the English Hospitals.

"Often this is less the fault of the teacher, scientifically, than the necessity of his position. A surgeon or physician, who is able to devote but an hour or two hours twice or thrice a week to the investigation of from thirty to a hundred cases distributed over the wards of a large building, can do little in personal clinical study of his cases—nothing whatever in useful clinical teaching. To "walk the hospital" in the suite of the surgeon or physician making his rounds is commonly to do no more than the phrase literally expresses. He is compelled necessarily to pass rapidly from bed to bed—here a prescription—there a few words of clinical observation; and, as he passes, some further words to those nearest to him. But clinical teaching implies ten minutes—half an hour—it may be more—spent at one bed. This a physician will often need to help him to determine the character or the progress of a disease for himself; but to teach a following of pupils, or even a few of them, to trace the course of reasoning and observation which is implied in the profitable clinical study of a case must necessarily be the work of a longer period of time. The most readily effective reform would be to raise the assistant physician and surgeons to active duties in the wards, and to abolish the injurious and unmeaning title of 'assistant.'"

It will be seen from these extracts that our English friends have not yet reached the climax of perfection, and that with them, as with us, there is ample room for improvement.

Correspondence.

EUROPEAN CORRESPONDENCE.

Edinburgh: her Medical Institutions—Ununited Fracture—Mr. Syme—Botanic Gardens—University of Edinburgh

Edinburgh, October 1, 1860.

Editors of Medical and Surgical Reporter:

Gentlemen:—According to my promise, I must send you a letter from this beautiful city, which, certainly, for picturesqueness of situation, surpasses all that I have seen.

The deep ravine, which runs through the centre, separating the old town from the new, and the public buildings and monuments, situated on its sides, or on eminences visible from it, produce an effect which I had indeed heard of as very beautiful, but which, I confess, I had been far from appreciating sufficiently.

In looking over the guide-book, as I always do before arriving at a city, I sought for an account of the Medical Institutions here, and I was not long in finding, under the head of hospitals, accounts of several,—Heriot's Hospital, and many others. Upon reading further, however, I discovered that, although named hospitals, they are, in reality, neither more nor less than orphan asylums, founded by the individual whose name they bear. The *real* hospital was not described in the book I refer to at all, but I was not long in finding it out without any help from the guide. It is called the Edinburgh Royal Infirmary, and is situated in the old town, close to the University buildings. It usually has about 400 patients in it, or, perhaps, 500, but, in case of necessity, the number can be increased to 800—500 surgical and 300 medical. The buildings are a large and irregular pile. Over the front door is a statue of George II., and on either side is an inscription in large capitals; on one side, "I was naked and ye clothed me," and on the other, "I was sick and ye visited me." In the vestibule, the names of the donators of large sums are inscribed in gilt letters.

In the hospital, I saw a few surgical cases, not of any interest in themselves, but perhaps one or two of them may be of interest to your readers as illustrating the method of practice of Mr. Syme.

There was one man who had broken his right humerus thirteen weeks before I saw him, and the bones not having grown together soon enough, an operation for ununited fracture had been performed, by cutting down and sawing off the ends of the bones. The wound had taken on unhealthy action for a few days, but, when I saw it, it was doing very well, and discharging healthy pus, and plenty of it. I was informed that Mr. Syme considered no other operation of any more use than perfect rest would be.

The fractures of the leg are usually treated, after the first few days, by stiff pasteboard splints. On the leg which I noticed, they had been applied to the limb, without any bandage having been previously put on, so that there was a good deal of puffiness in some places, but I suppose not enough to cause any serious inconvenience.

Fractures of the thigh are treated by Desault's apparatus, unmodified—at least so far as the inside splint is concerned. The limb is fastened to the long splint by the splint cloth, which, after passing once around the limb, is attached by the margin with pins to the splint. Late in the case short splints are applied to the thigh.

I was informed that they always cured their cases without any shortening whatever, which, of course, is all nonsense. They probably never measure the two legs carefully to determine.

I have mentioned the proximity of the Royal Infirmary to the University of Edinburgh. The latter is a large and imposing building. It contains within its walls a museum on various subjects, and also a library of 100,000 volumes.

I will mention the names of some of the Professors.

Dietetics, Materia Medica, and Pharmacy,	Christison.
Chemistry,	Lyon Playfair.
Surgery,	Miller.
Clinical Surgery,	Syme.
Clinical Medicine,	Laycock. Bennett.
Anatomy	Goodsir.
Midwifery, and Diseases of Women and Children,	Simpson.
Practice of Physic,	Laycock.
Botany,	Balfour.

The Professor of Botany is enabled to illustrate his branch by the Botanic Garden which he superintends, and by a large herbarium, of which he has the control.

The botanic garden covers seventeen acres, and contains several hot houses, one of which, the palm house, is very lofty, three or four feet higher than the palm house at Kew Gardens.

There is a large number of medicinal plants, in some of which I took a special interest, as they were entirely new to me. Such were Narthex Assafœtida, Ipomea Jalapa, the Scammony plant, and the plant producing the true Gamboge.

In other cities in which I have been, there are large botanic gardens. Such were in Glasgow and Belfast. In the last named, I observed a special part of the ground reserved for medicinal plants, which were arranged according to

their natural orders. I spent some time in examining them.

Before coming to Edinburgh, I was for a short time in Dundee, the third city in Scotland in point of population, containing about 80,000 inhabitants. While there, I visited the hospital, which is the finest building in the city. It is situated on the side of a high hill, in the outskirts of the city, and from the terrace in front of it there is a very fine view. I should think there would be a fine view were it not for the thick smoke, which there, as in Manchester and Birmingham, obscures everything.

The hospital is in the Tudor style of architecture, somewhat of the same shape as the Pennsylvania Hospital, but with the centre more projecting, and less projections at the extremities of the wings. The building as a whole, however, is larger than our hospital at home. It is three stories high. The fever patients are accommodated at the top, it being supposed that the danger of contagion will in that way be obviated.

The number of students at the University of Edinburgh is about 1,500, one-third of whom are students of medicine. In former days, there was an ill feeling between them and the town's people, and combats were frequent and fierce, but the present race is more peaceable. While on the subject of the characteristics of students, I may mention that the mania for destroying the benches to which they owe their rest is not confined to the United States. At the Queen's College, in Belfast, I observed the same deep-carved work, and I have seen it also in other places. I never saw the inconvenince of it so much as in Guy's Hospital, London, where the students are all obliged to stand, the benches having disappeared altogether. I wondered if this was not in punishment for the greater love for whittling.

There is in Edinburgh, with its 300,000 inhabitants, and its great reputation as a centre for medical education, only one journal devoted to medical subjects, and in that the Professors of the University have no portion. It is conducted by other men. It is much to be hoped that the University may start a journal, and now there is some talk of it, I believe.

Very truly, yours,

M. D. Abroad.

MORTALITY IN PHILADELPHIA.

[A prominent sanatarian, not of this city, however, writes us the following, to which we call the attention of sanitarians in this city:]

In studying the mortality of different cities, I have the following facts in relation to Philadelphia, which have not been published. During the three months, July 1 to September 29, 1860, there were 3,462 deaths in Philadelphia. Last year the number in the same time was 2,650. This is an increase of 812, or 30.6 per cent. in the mortality. This increase the present year is very large, much larger than in any other city with which I am acquainted. In Providence, during the same time, the increase has been about 9 per cent. Of the 3,462 deaths in Philadelphia, as above, 1,942, or 56 per cent., were under 5 years of age; and 659, or 19 per cent., were from the four diseases cholera infantum, cholera morbus, diarrhœa, and dysentery.

I should like to know your ideas of the causes of this large increase in the mortality of your city. Has the law that went into operation the first day of July anything to do with it?

NEWS AND MISCELLANY.

Introductories in New York.—The opening exercises of the Medical Colleges in New York city took place this week, and the week before.

The Opening of the College of Physicians and Surgeons was additionally interesting, from the fact that it was the formal union of the institution with Columbia College, of which, hereafter, it will form the medical department.

Dr. Delafield, President of the College of Physicians and Surgeons, presided. He made a few introductory remarks, characterizing as a most auspicious event in the history of their institution their union with Columbia College. Incorporated forty-three years ago, and placed under the custodiorship of the Regents of the University, their college had not had that success it merited. No blame was to be imputed to the Regents, but the remoteness of the latter prevented prompt attention to their merits and requisitions. In response to their affliction, the Legislature, last winter, granted them a new and independent charter, and under this they had associated themselves with that time-honored institution, Columbia College. From this union he augured the happiest results. It was a union of which they were justly proud.

Professor John C. Dalton, Jr., delivered the introductory address, commencing with the discovery of the lacteal vessels by André Vesalius, in an Anatomical College, in Paris. He traced the progress of medical science, touching the circulation of blood, down to the present time. He showed how, step by step, the discoveries now so familiar to the medical faculty were made. For three-fourths of a century, the blood insisted on running the wrong way. Not till Harvey made his important discovery were the previous obscurities surrounding the subject fully cleared up. Harvey saw irregularities and contradictions. The earnest student-life

and discovery of Harvey, Dr. Dalton enforced as affording a noticeable example to the students of medicine of the present age. Advanced as they were in medical knowledge, the learning of to-day, in many things, he urged them to recollect, might be the ignorance of to-morrow. No matter how old a doctrine, or how reputable, they must not bow to old dogmas. They must think for themselves—believe for themselves—do for themselves.

President King made an address next. He stood before them (he began) in the position he ought to have occupied years since. In again establishing a medical department in Columbia College, and uniting it with the College of Physicians and Surgeons, they had only yielded to the behests of the age. He hoped the union would prove one and inseparable [loud and prolonged cheers] under the old colonial government. Then the institution, over which he had the distinguished honor to preside, was called King's College; there was a medical bench of instruction. The war of the revolution broke up the college, and the buildings were turned into hospitals. How well the students of that time exchanged the pen for the sword, was shown in the case of Alexander Hamilton. In 1767 was incorporated the first medical faculty—a faculty as learned in their various specialties as any in the New World. In 1784 a medical faculty was again incorporated, and the study of medicine was a specific branch of instruction in that institution until 1813, when it was abandoned. Leading to its abandonment was the incorporation, in 1807, by the Regents of the University of the College of Physicians and Surgeons. New York was only a big village then. They did not need the medical colleges. Among the members of the late medical faculty was the venerable Valentine Mott, the sole survivor of his olden compeers and co-workers. Matters now in the metropolis had changed. The trustees of Columbia College felt admonished of the necessity of reviving their medical department. Now they would have a literary, law, and medical department combined, and still each distinct, but together furnishing the needed elements of a complete university education.

In conclusion, President King briefly addressed the medical students, urging them to value correctly the profession to which they were to devote themselves.

Dr. Stevens, former President of the medical college, followed, with a few remarks, showing the necessity of a classical and mathematical education to a thorough medical training.

At the Medical Department of the University of the City of New York, Dr. Valentine Mott delivered the introductory.

At the New York Medical College, Dr. R. Ogden Doremus, Professor of Chemistry, and Dean of the Faculty, delivered the opening address. He expressed his sense of the honor conferred upon him in being invited to open the course of lectures for the season, and hoped that those who had opportunity to attend them during the winter would derive much valuable information. He next proceeded to give a number of experiments with gas, mercury, water, carbonic acid, ether, &c., which he accompanied by full explanations.

At the conclusion, Dr. Doremus spoke of the duties and requisites of persons engaged in the medical profession. A good physician should understand all the sciences which have any relation to his profession. He should know how to prevent the inroads of disease, as well as to treat it where it existed. The professor spoke in complimentary terms of the establishment of a hospital by Dr. Barker in connection with the institution. He spoke of the great good which must result from the establishment of the hospital now commenced, and the wards for the treatment of patients. He asked for the co-operation of the trustees as well as the ladies and gentlemen present, und referred in a strain of commendation to the efforts of those who had aided in the work.

Case of Supposed Poisoning.—A case to which some interest attaches, happened recently in New York. The subject was a formerly notorious courtesan, who died suddenly. She was found on the floor beside the bed, with her face down. Deceased, it appeared, arose as usual on Friday (Oct. 12th) morning and took her breakfast. Soon after partaking of that meal, she retired to her bedroom, while her husband proceeded down town on business. In an hour or so afterwards, one of the inmates had occasion to enter her room, when she was found lying dead on the floor. In reference to the cause of death, the following medical testimony will throw light:

Statement of Drs. Sands and Finnell.—Drs. Sands and Finnell, being duly sworn, say that they made a post mortem examination of the body of Mrs. J. A. Blankman, at her late residence, No. 49 West Thirty-fourth street, on Saturday, October 13, 1860. The following gentlemen were present: Drs. Willard Parker, Blankman, Kissam, Wm. H. Draper, Foster, Swift, and Reisig. The examination was made twenty-four hours after death; the body of the deceased presented no external marks of violence; the surface was pale, and there were no evidences of commencing decomposition; the pupils were of natural size; the thorax and abdomen were the parts first examined, an incision having been made from the top of the sternum to the pubes; the abdominal walls were found loaded with fat, measuring upward of an inch and a half in thickness; the lungs were next exposed to view, by removal of the sternum and costal cartilages; they

crepitated freely; and presented a healthy appearance everywhere, except at their apices, where their substance was puckered, apparently from old tubercular deposition; there were no signs of unusual congestion of these organs, nor was there any effusion in the pleural cavities; the pericardium was now opened, and found to contain about an ounce of yellow, transparent serum; the heart was of normal size, but was greatly loaded with fat, which encroached considerably upon the muscular tissue of the right ventricle; the cavities of the heart were healthy; the ventricles were empty, and the auricles contained a moderate quantity of blood, partly coagulated; the valves were healthy, presenting neither thickening, calcareous deposit, nor any other morbid change; the abdominal organs were next examined, and exhibited the following appearances: the liver was somewhat larger than natural, but otherwise free from disease, except towards its anterior free margin, where there were found two small nodules of cancerous deposit; the kidneys were of nearly equal size, and showed no remarkable appearances; they were deeply imbedded in fat, and on section were seen to be moderately congested; the capsule stripped off easily, and the cortical and medullary portions of the organ were present in their due proportion; the uterus was next removed from the pelvic cavity, and was found to be considerably enlarged from the effects of old chronic inflammation, which existed not only in the uterus itself, but also in its appendages, causing abnormal adhesion of both fallopian tubes; the cavity of the body of the uterus was empty, and its lining membrane pale and thickened; the cavity of the cervix was filled with tough viscid mucus; one of the ovaries was the seat of cyctic disease in its early stage, the other contained two Graafian vesicles filled with blood undergoing absorption. At this period of our investigation, Dr. Finnell having completed the removal of the calvarium, the contents of the cranial cavity were exposed to view, and made the subject of examination. The dura mater was healthy; but in lifting this membrane from the surface of the brain, well-marked and unmistakeable evidences of apoplectic extravasation were at once discovered; the effused blood was spread out over the surface of the brain, beneath the arachnord membrane, and was in many places sufficiently abundant to entirely conceal the subjacent cerebral substance; it extended over the lateral portions of each cerebral hemisphere, and covered the base of the brain throughout, leaving but a small portion of the surface of the organ free from extravasation — this portion being situated at the summits of the hemispheres, the vessels at the base of the brain were examined, and a large and well-marked deposit of atheronia discovered in the basilar artery. On making the section of the brain necessary for the exposure of the ventricles, its substance was seen to be healthy, and free from congestion; the two lateral ventricles, as well as the fourth ventricle, each contained a quantity of coagulated blood; the substance of the septum lucidum was exceedingly soft, but the walls of the ventricles were otherwise of about their usual consistency. The appearances just described were so decided and characteristic as to leave no doubt in the minds of all present that the deceased died from an attack of cerebral apoplexy. No further examination of the body was made, inasmuch as we had already discovered what, in the opinion of all parties who witnessed the autopsy, was the real, undoubted cause of death. When an individual is found dead, with his throat cut, his heart ruptured, or with a musket ball at the base of his brain, it is not generally considered necessary to search for poison in the contents of the stomach and intestines, and, for a similar reason, no such inquiry was instituted in the present case. Having ascertained what was regarded as the true cause of death, a certificate was rendered in accordance with the facts observed.

There can be no doubt as to the correctness of the conclusions arrived at by Drs. Sands and Finnell, that the woman died of cerebral apoplexy. It seems, however, that "Madame Rumor" took hold of the case, spreading all sorts of stories about foul play, etc., so that, after the body had been buried, a coroner's investigation was rendered necessary, the body exhumed, and a second examination made by Drs. Carnochan and Bronson, which, as far as it went, entirely corroborated the first.

Parts of the body were also placed in the hands of Prof. Doremus for chemical analysis, but it seems that the authorities saw in time the ridiculous position in which they had permitted themselves to be placed by listening to "gossips," and the order was countermanded.

It would be well if the New York officials were as anxious to do their duty in cases where poor girls are poisoned by the culpable neglect of druggists, as they have been in this instance, when *a morbid appetite for scandal* demanded the opening of the grave, because deceased had been a notorious woman, and left fifty thousand dollars.

Investigations Concerning Hydrophobia.—From a series of returns made upon this subject, from different departments in France, during several years, and epitomized by Dr. Tardieu, in the *Annales d' Hygiéne Publique*, we glean some interesting information upon the following points:—

1. *The Species of Animal by which Hydrophobi was communicated.*—Out of a total of 228 cas in which reference was made to this point, were stated to have been produced by the

of a dog, 13 by that of a cat, 26 of a wolf, and 1 by the bite of a fox. In two cases in which the bite of a cat produced the disease, one animal is reported to have become rabid in consequence of an extensive burn, another owing to its having been robbed of its young. These cases are of considerable interest, as they tend to resolve the still doubtful question of the spontaneous development of hydrophobia in other species of animals than the canine.

2. *The season of the year at which this disorder is most frequently developed.*—This circumstance was noted in 181 cases, 110 of which occurred during the hot season of the year, 71 only during the cold. There is, doubtless, a marked difference in favor of the months in which the temperature is most elevated, but it does not remain a less constant fact that no season is really opposed to the development of hydrophobia, or can render its effects less formidable.

3. *The average number of persons who escaped the malady after being bitten.*—On this point we have the records of 198 cases of persons who were bitten, in many instances by the same animal; of these, 112 were subsequently seized with hydrophobia, whilst the remaining 86 experienced no ill-effects. We need scarcely remark that numerous adventitious circumstances, such as the interposition of an article of clothing to which the saliva of the rabid animal might adhere, the state of the patient's mind or health after the injury, &c., would considerably influence the results in this particular.

4. *The length of the stage of Incubation.*—In a large majority of cases this was not more than a few weeks. Out of 147 cases referred to, the period of incubation was under a month in 26, more than a month but under three months in 93 cases, whilst in the remainder the length of time occupied was from six to twelve months. The incubatory period appeared shorter in very young persons than at any other stage.

5. *The length of time between the development of the disease and its fatal termination.*—On this point the statistics collected corroborate too fully the preconceived ideas, as to the rapid progress of the disorder. Out of 161 cases death put an end, within a week, to the horrible sufferings of the patients in 158, more than one-half of that number dying within four days, even, from the time at which the malady first manifested itself.

6. *The relative efficacy of the means employed to prevent the development of Hydrophobia.*—Upon this all-important portion of the subject Dr. Tardieu observes that the fact cannot be too strongly insisted upon that the only hopes of ecurity from the fatal effects of this dreadful sease consist in immediate cauterisation with red-hot iron, and that every other method comprises the future safety of the patient e irreparable loss of the only moments which the preventive treatment is appli-

7. *Curative treatment of Hydrophobia when it has become developed.*—Dr. Tardieu makes the disheartening statement that of all the remedies which have as yet been suggested, chloroform included, for the treatment of hydrophobia when fully developed, he has found none to have been attended with sufficiently promising results to enable him definitely to say that it will effect a cure—*Lond. Med. Rev.*

Fees for Post Mortem Examinations—Opinion of a Judge.—The Board of Freeholders in Newark, N. J., are still adhering to their stubborn resolution of denying to physicians a proper fee for services rendered to coroners in making post mortem examinations. The matter will, however, soon be brought to an issue.

The subject, we learn, was brought before the court by the Prosecutor of the Pleas in behalf of one of the coroners.

It was stated that a person found dead the night before was lying in the station house, and that the coroner had requested two physicians to make a post mortem examination, who had declined because of some action of the freeholders respecting fees. The court was desired to declare the law governing the subject, the question having lately frequently been raised in like cases.

His Honor Judge Haines said:—This matter is perfectly plain from the provision of the statute. There can be no doubt that the coroner may and in some cases is bound to summon a physician (or physicians as may be required) to make a post mortem examination. There may be much or little labor in such an examination. That will depend on the subject and circumstances. We presume that the regulation published by the Board of Chosen Freeholders is intended only as a warning to the coroners not to incur unnecessary expense in these matters. There are cases in which great labor and skill will be required to make an examination. One physician or more, if necessary, may in such cases be called in, and he or they will, by law, be entitled to receive from the county proper compensation for their skill and labor expended in the matter. The freeholders in such cases will, undoubtedly, without hesitation, pay the bills.

Where Does the Coffee Come From?—Last year the total consumption of Europe and the United States alone was 330,000 tons, whilst the production of all countries was but 312,000 tons. The consumption of the present year is estimated at 337,000 tons, and the production at 274,000.—*Century.*

Dengue or the Break-bone Fever is said to be generally prevalent in Memphis. It has prevailed, indeed, throughout the South and West to an extent never equalled previously, although in most cases in a light and tractable form, when promptly attended to.

The Anniversary of St. Luke's Hospital, in New York, was celebrated on Thursday evening of last week.

Dr. Edward S. Dalton, resident physician, read the medical report.

During the year there had been admitted into institution 468 patients. Of these 232 were males and 326 females, including 55 children. There were now in the hospital 53 patients. During the year 59 had died. Most of the deaths were of those brought into the hospital in the last stages of pulmonary disease. By the care taken of these, the abundant ventilation and quality of food furnished them, the lives of many had been greatly prolonged. A good many of the patients were victims of accidents in the erection of buildings in the vicinity, which had necessiated twenty-one surgical operations, eight of mortal character. The per centage of deaths had been fourteen, which was five per cent. less than the year previous.

The Retirement of Ricord.—M. Ricord has resigned trom his post as surgeon of the Hospital du Midi. The hospital regulation which requires the retirement of medical officers at the age of sixty, would soon have completed his term of service, but he has chosen a more dignified leave by resignation.

Ricord was born in Baltimore on the 10th of December, 1800, and has held his position in the hospital for nearly thirty years. His opportunities have been unequaled, and his great reputation has been the result of immense labor and observation on the specialty which is so much indebted to him for its development.

Ricord's place, it is said, is to be filled by one whose name is not unknown in syphilography —M. Alphonse Guerin.

A Case of Cysticercus has been recently under the care of M. Desmarres, of Paris. The parasite occupies a position in the vitreous humor, and being in the axis of vision, sight is obscured. Previous failure of operations in such cases has determined a non-interference in this case.

Professor W. H. N. Magruder, Baton Rouge, La., is collecting materials for a biography of the late Dr. Drake. All who have any letters or papers, or are acquainted with any facts or incidents, which may be of value in the preparation of such a work, will please address Prof. M., as above.

Dr. Turnbull's regular course of lectures on the eye and ear will be commenced on Thursday, November the 1st, at half-past seven o'clock, evening, and will be continued at the same day and hour until the 1st of March, at his residence, 1208 Spruce street.

Army and Navy.—Assistant Surgeon W. W. Anderson has been assigned to duty at Fort Chadbourne, Texas.

Leave of absence for four months has been granted to Assistant Surgeon E. W. Johns, Medical Department.

Assistant Surgeon Abel F. Mechem (lately appointed) has been assigned the duty with the recruits for San Francisco, on the 20th instant. He will afterwards report for duty to the Commander of the Department of California.

Assistant Surgeon A. B. Hasson is to resume his duties at Fort Dallas.

Assistant Surgeon L. Taylor, is to report for duty to the Senior Medical Officer at Fort Walla Walla, W. I.

Assistant Surgeon Clinton Wagner (lately appointed) has been assigned the duty with the recruits to leave Carlisle Barracks for Texas, via Fort Leavenworth, on the 31st inst. He will, afterwards, report for duty to the Commanding Officer of the Department of Texas.

Assistant Surgeon G. K. Wood has been assigned to duty with the recruits for Texas on the 31st inst. He will, afterwards, report for duty to the Commanding Officer of the Department of Texas.

Accidental Poisoning by Arsenic.—Three men in the employ of Messrs. Crum and Thernliebank, of Glasgow, boiled some potatoes in a dish used for the purpose of lifting a liquor employed in some process of bleaching. The three men having eaten heartily of the potatoes, were seized with violent pain and vomiting, but ultimately recovered. It appeared that the liquor for which the dish had been used, contained a large quantity of arsenic and chlorate of potash, with which the potatoes had been impregnated. —*Dublin Press.*

On the Preparation of Antimoniate of Potash.—M. Reynoso has given the following process as a ready means of preparing antimoniate of potash. Recently precipitated hydrated oxide of antimony is dissolved in a solution of caustic potash, and permanganate of potash then added as long as the color is destroyed. When a faint rose color becomes permanently perceptible, the liquid is filtered, and may in that state be used as a test for soda.

The Aural and Ophthalmic Clinic, at the Howard Hospital, 1812 Lombard street, will take place hereafter every Tuesday and Thursday, at one o'clock P. M., where clinical lectures will be delivered by Dr. Turnbull.

Leidy's Anatomy.—We have received a copy of Leidy's Anatomy, published by J. B. Lippincott & Co. In elegant typograpby, and general style, the work has not been exceeded by anything in a medical way in this country.

The Health of the Miner.—Recent deductions from tables, showing the duration of the life of the miner, prove that, at the age of 20, miners experience an average of 46 per cent. of sickness more than the general class; at the age of 30, they show 70 per cent.; at 40 years, 78 per cent.; at 50 years, 76 per cent.; and at 60 years, 53 per cent.—more than the ordinary class of lives. It has been ascertained that, in Cornwall, 61 per cent. of the miners die of diseases of the chest, and only 31 per cent. of the rest of the population.—*Lancet.*

Answers to Correspondents.

S. C. G., Miss.—You can obtain Dr. Holmes' address through David Clapp, publisher, 184 Washington street, Boston, Mass. Price 25 cents

J. M. and other Subscribers.—We do not pay the postage on the Reporter. If prepaid at the office where the Reporter is received, the postage is 26 cents per annum. This does not include carrier's fee in cities, which is extra. But it is optional with every one to call at the post-office for his number, or to have it brought by carrier.

Dr. D. O. C., Pa.—The usual dose of chloride of propylamime in an attack of acute rheumatism is from 2 to 3 grains repeated every two or three hours. As far as we can learn, the remedy has not been used very recently in the Pennsylvania Hospital.

D. H.—The only efficient treatment which can now be resorted to, is to re-divide the hamstring tendons at a point above the cicatrices of the first division, and then make extension of the leg sufficiently violent to break the impediments to straightening the limb which exist in the joint. A straight splint, well padded, should then be applied, and passive motion may, after inflammatory symptoms subside, be cautiously made. Great success has followed such treatment in a number of cases recorded in this journal.

R. N.—The pleasant tasted worm confections which are popularly used, owe their efficacy undoubtedly to Santonine.

W. P. C.—There was a prevalent opinion among the country people, before the time of Jenner, that the cowpox, as accidentally taken by those who milked cows, insured an immunity from smallpox. The attention of Jenner was thus directed to the subject, which led to his final determination of the protective power of vaccination.

Student.—Tickets for the clinical course at the Philadelphia Hospital may be procured, without charge, by all matriculated students, by applying at the city office of the hospital, No. 42 North Seventh street.

The New Sydenham Society.—In answer to several inquiries made by subscribers in reference to the new Sydenham publications, we give the following information, communicated by Dr. Richard J. Dunglison, Hon. Local Secretary of the Soc ety in this city:

The subscription per annum is a guinea, or *five dollars and* 25 *cts.* in our money, to which about a dollar a year will be added for duty, etc. I can hardly tell as yet what the exact amount will be, but I think the annual amount will be about *six dollars and a half.* The works will come to me, and I shall take care that they are properly distributed.

I have a few copies of the series for 1859 to dispose of to members, at six dollars and a half for the series of five numbers.

Richard J. Dunglison,
121 South Tenth st.

MARRIAGES.

Ashton—Brown.—At Washington City, on 25th Sept., by the Rev. J. C. Lee, Dr. W. E Ashton, of Washington City, and Miss Ella V. Brown, of Philadelphia.

Burgin—Sheppard.—At Pittsgrove, N. J., on the 18th inst., by the Rev. D. Kelsay, John H. Burgin, M. D., of Philadelphia, to Ruth B. Sheppard, of Pittsgrove, Salem county, N. J.

Bromwell — Evans — At Lindenwood, Cecil county, on the 17th inst., by the Rev. Mr. Squier, Dr. R. E. Bromwell to Miss Josephine Evans, daughter of L. H. Evans, Esq.

DEATHS.

Holmes—Died at Montreal, C. W., on the 9th inst., Andrew Ferdinando Holmes, M. D., LL. D., Professor of the Principles and Practice of Medicine in the University of McGill College, and Dean of the Faculty of Medicine, in his 63d year.

For a few days before his decease, he complained of a constriction of the chest, which he compared, to a friend, as like an attack of *angina pectoris;* and on Monday afternoon, on his way to the new college building, whither he was going to look after certain arrangements, he experienced that sensation chiefly while walking against the wind, which was blowing rather strongly, although he did not feel it after ascending a pair of stairs. On the following day, Tuesday, the 9th, he attended to his duties as usual, complaining of little else than a want of appetite, arising out of the continuance of the same sensations. He returned home from an evening visit about 7 P. M., and, while writing out notes to the members of the Faculty for attendance at a meeting which he intended to have held at 3 P. M. the following day, he was observed by his wife to drop his head on his hands, his elbows resting on the table, and, without replying to the question put to him, "if he felt unwell," dropped from his chair dead.

An autopsy was held forty-three hours after death. The brain was healthy, with the exception of a general turgescence of the blood-vessels, and a rather increased amount of serosity. The chief abnormal appearance here presented was a thickened condition of the arachnoid at the vertex, indicative of an old-standing, sub-acute, inflammatory affection. About fifteen years ago, it is to be observed, he suffered intensely from headaches. The thoracic viscera were healthy, with the exception of the heart, which was rather larger than usual, but not morbidly so, and showed evidence of atheromatous degeneration, not to any marked extent. The abdominal viscera were perfectly healthy. In fact, we have never examined a body whose viscera were in a more healthy-looking condition generally.

A meeting of the members of the Faculty took

place on the evening of the 11th, when it was resolved that a letter of condolence should be transmitted to the widow and family, and that the members should wear mourning for a period of a month, in memory of their deceased colleague.

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Died at his residence in Allentown, Pennsylvania, Dr. C. H. Martin, aged fifty-three years.

The subject of this notice was one whose loss will be deeply felt by the community in which he lived, and to which he gave the whole of his useful life.

Without any effort to appear superior to those around him in the knowledge of his profession, or any real desire to be so considered, it will not be denied by any one here, that his death has created a vacancy that will not be speedily filled. The son of one of the most eminent and successful physicians in this district, he had, in early life, the advantages of that thorough familiarity with the practical part of his favorite profession, which is so indispensable to all who would pursue it successfully, so that when he graduated—which he did with the highest honors at the University of Pennsylvania in the spring of 1830—he was able at onec to enter on the active duties of a profession which pre-eminently requires a practical training. From that day till the day of his death—for he died in the zenith of his practice—his devotion to duty was unflagging. His position among his professional brethren may be known by the fact, that in all difficult cases that occurred in this region, for miles around, he was ever the first that was consulted by them.

There was neither cowardice nor timidity in his character, when duty was to be discharged; no shrinking from personal danger when, by meeting it, he could add to his store of medical knowledge. When the Asiastic cholera first appeared in this country, after having swept the Old World, as with a "besom of destruction," he was one of the first to meet it.

When this terrible disease was raging in Philadelphia, and the temporary hospitals erected there were filled with the sick and dying victims of this fell destroyer, Dr. Martin voluntarily left his safe and comfortable country home, and spent days and weeks in the Southwark and Moyamensing hospitals, that he might become familiar with a pestilence which threatened to meet him soon among his own friends and neighbors.

But he is gone now! and the places that knew him will know him no more! His cheerful confidence and ready skill will be missed by his numerous patients, none of whom will ever forget him!

His life was useful and prosperous, his death sudden, and to all, but himself and his confidential friends, most unexpected. Neuralgia of the heart was the disease that closed his earthly career.

The train that followed his body to the grave evinced how universally his loss was felt.

He died on the 25th of September, 1860, aged 53 years 1 month and 10 days, leaving a widow and five children to lament his sudden death.

"Peace to his remains!"

Communications Received.—*Canada West*, Dr. John Salmon, (with encl.)—*Connecticut*, Dr. N. Brigham, (with encl.)—*Georgia*, Dr. D. Richardson, (with encl.)—*Iowa*, Dr. M. Marbourg, (with encl) Drs. Williamson & Thrall, (with encl.) Dr. J. Kerr, (with encl.)—*Louisaina*, Dr. G. W. Dirmeyer—*New York*, Dr. J. Malone, Dr. D Holmes, (with encl. for Dr. W. P. Randall,) Dr. Mac Nicholl, (2,) Dr C T. Chase, (with encl.) Dr. J. S. Young, (with encl.) Dr. G. V. Newcomb, (with encl.) Dr. R. M. Buell (with encl.) Dr. B. Fincke, (with encl.) D. F. Morris (with encl.) Dr. C. Valentiny, (with encl.) Dr. T. Keily, (with encl.) Dr. J. Malone, (with encl.) Dr. B. J. Stow, (with encl.) Dr. W. Hutcheson, (with encl.) Dr. T. H. Frankum, (with encl.) Dr. R. S. Olmstead, (with encl.) Dr. D. E. Smith, (with encl.) Dr. W. A. Hall, (with encl.) Dr. H. A. Archer, (with encl.) Dr. T. M. Ingram, (with encl.) Dr. J. H. Talmadge, (with encl.) Dr. E. M. Chapman, (with encl.) Dr. D. Pfeiffer, (with encl.) Dr. F. W. Gosling, (with encl.) Dr. C. L. Mitchell, (with encl.) Dr. F. Bond, (with encl.) Dr. C. W. Bates, (with encl.) Dr. G. Higgins, (with encl.) Dr. T. T. White, (with encl.) Dr. T. Nichols, (with encl.) Dr. C. Schieferdecker, (with encl.) Dr. W. H. Hanford, (with encl.) Dr. A. Wright, (with encl.) Dr. W. Mac Kenna, (with encl.) Dr. A. E. Jacobson, (with encl.) Dr. J. Seigh, (with encl.) Dr. J. Mayer, (with encl.) Dr. Saltsveil, (with encl.) Dr. Wittman, (with encl.) Dr J. A. Brady, (with encl.) Dr. N. L. North, (with encl.) Dr. O. H. Smith, (with encl.) Dr. R. H. Hinman, (with encl.) Dr. S. Ely, (with encl.) Dr. P. M. Barclay, (with encl.) Dr. C. Dunham, (with encl.) Dr. S. C. Church, Dr. E. Peck, (with encl.) Dr. W. Jones, (with encl.) Dr. Gippert, (with encl.) Dr. S. Wiggins, (with encl.) Dr. A. Deyo, (with encl.) Dr. R. V. Montfort, (with encl.) Dr. J. Thompson, (with encl.) Dr. D. Willcocks, (with encl.) Dr. J. Vandaveer, (with encl.)—*New Jersey*, Dr. W. A. Durrie, (with encl.) Dr. Elder, (with encl.) Dr. Kudlick, (with encl) Dr. R. Chabert, (with encl.) Dr. G. Saltonstall, (with encl.) Dr. J. Quidor, (with encl.) Dr. Kopetshny, (with encl.) Dr. J. N. Quimby, (with encl.) Dr. Max Kuechler, Dr. J. Kollock—*North Carolina*, Dr. W. T. Sutton—*Ohio*, Dr. W. E. Chapman—*Pennsylvania*, Dr. W. F. Trout, Dr. T. Hasson, Dr. C. Herrington, Dr. H. Umstad, (with encl.) Dr. A. G. McCandless, (with encl.) Drs. S. S. & R. Wallace, (with encl.) Dr. A. Markley, Dr. J. A. Reed, (with encl.) Dr. B. Shannon, (with encl.) Dr. J. Burkhold, (with encl.) Dr. G. A. Burke, Dr. J. C. Shivner, (with encl.) Dr. J. F. Treichler, (with encl.) Dr. C. H. Smith, (with encl.) Dr. R. H. Awl, (with encl.) Dr. F. L. Haupt, (with encl.) Dr. E. R. Dodge, (with encl.) Dr. D. W. Shindle, (with encl.) Dr. J. B. Newbaker, (with encl.) Dr. E. Franciscus, (with encl.) Dr. U. Q. Davis, (with encl.) Dr. Jas. S. Dougal, (with encl.) Dr. P. B. Mish, (with encl.) Dr. H. D. Hunter, (with encl.) Dr. J. H. Harley, (with encl.) Dr. T. H. Wilson, (with encl.) Dr. W. Hayes, (with encl.) Dr. W. Leiser, (with encl.) Mr. John Hulme.

Office Payments.—Dr. J. H. Keeler, (Pa.) Dr. C. Bombaugh, (Pa.) Dr. Asche, Dr. J. G. Koehler, (Pa.) Dr. Martin, (N. J.) Dr. J. B. Irwin, (N. J.) Dr. J. Flynn, C. A. Pyatt, Dr. Gobrecht, Dr. J. Grigg, (N. J.) By Mr. Swaine: Mrs. Dr. McClenachan, and Dr. J. B. Flagg. By Mr. Foster: S. Stewart, L. H. Pease, T. M. Drown, E. W. Keller, and T. N. Lewis, Dr. G. Hamilton.

MORTALITY OF CITIES DURING THE WEEK ENDING OCTOBER 13, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	238	385	105	.....	76	.....	.....	29	.....	.....	87
Males	130	207	45	.....	47	.....	.....	.....	.....	.....	54
Females	108	178	47	.....	29	.....	.....	.....	.....	.....	33
Sex not stated	.....	.....	13	.....	.....	.....	.....	.....	.....	.....	.....
Whites	.....	380	72	.....	.....	.....	.....	16	.....	.....	86
Black and colored	.....	5	20	.....	.....	.....	.....	13	.....	.....	1
United States	182	260	.....	.....	53	.....	.....	.....	.....	.....	.....
Foreign countries	42	125	.....	.....	23	.....	.....	.....	.....	.....	.....
Nativity unknown	14	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	116	181	50	.....	31	.....	.....	9	.....	.....	55
5 to 10 years	16	11	8	.....	7	.....	.....	1	.....	.....	.....
10 to 20 "	14	14	12	.....		.....	.....	2	.....	.....	.....
20 to 50 "	62	119	16	.....	38	.....	.....	11	.....	.....	.....
50 and over	30	57	19	.....		.....	.....	6	.....	.....	.....
Unknown	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	11	4	8	.....	1	.....	.....	.....	.....	.....	2
Cholera Infantum	2	9	1	.....	4	.....	.....	1	.....	.....	4
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	3	15	.....	.....	1	.....	.....	.....	.....	.....	9
Diphtheria	7	2	.....	.....	1	.....	.....	.....	.....	.....	1
Dysentery	4	8	.....	.....	1	.....	.....	.....	.....	.....	.....
Erysipelas	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Fever, remittent	1	.....	.....	.....	.....	.....	.....	1	.....	.....	2
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" typhoid	4	6	3	.....	3	.....	.....	2	.....	.....	5
" typhus	3	14	.....	.....	.....	.....	.....	1	.....	.....	.....
" scarlet	22	15	3	.....	4	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Hooping Cough	.....	7	6	.....	1	.....	.....	.....	.....	.....	2
Measles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	3	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	2	3	.....	.....	1	.....	.....	.....	.....	.....	1
Congestion of Lungs	.....	4	.....	.....	3	.....	.....	1	.....	.....	1
Consumption	35	53	18	.....	15	.....	.....	2	.....	.....	12
Pneumonia	9	22	.....	.....	4	.....	.....	2	.....	.....	4
Hemorrhage from Lungs	.....	2	.....	.....	1	.....	.....	.....	.....	.....	.....
Pleurisy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	4	3	1	.....	1	.....	.....	.....	.....	.....	1
Convulsions	8	26	.....	.....	1	.....	.....	3	.....	.....	10
Congestion of Brain	3	5	.....	.....	1	.....	.....	.....	.....	.....	3
Disease of Brain	7	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delirium Tremens	3	5	.....	.....	.....	.....	.....	1	.....	.....	1
Epilepsy	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	4	10	1	.....	4	.....	.....	.....	.....	.....	.....
Inflammation of Brain	10	9	1	.....	1	.....	.....	.....	.....	.....	2
Paralysis	1	4	2	.....	3	.....	.....	.....	.....	.....	.....
Tetanus	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Circulatory System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	6	13	2	.....	.....	.....	.....	2	.....	.....	2
Phlebitis	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	.....	.....	.....	1	.....	.....	2	.....	.....	.....
Gastritis	.....	1	.....	.....	2	.....	.....	1	.....	.....	.....
Hepatitis	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat,	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	4	7	2	.....	.....	.....	.....	.....	.....	.....	2
Marasmus	13	37	.....	.....	3	.....	.....	1	.....	.....	3
Peritonitis	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	1
Diseases of Uncertain Seat.											
Abscess	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	1	3	1	.....	.....	.....	.....	.....	.....	.....	.....
Dropsy	5	9	3	.....	1	.....	.....	1	.....	.....	2
Debility, etc	7	14	.....	.....	1	.....	.....	2	.....	.....	4
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever	1	1	1	.....	1	.....	.....	.....	.....	.....	.....
Diseased Womb	2	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	11	15	7	.....	4	.....	.....	1	.....	.....	1
Poisoning	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	1	.....	.....	1	.....	.....	1	.....	.....	1
Stillborn	17	.....	13	.....	.....	.....	.....	.....	.....	.....	5
All other causes	16	37	31	.....	11	.....	.....	3	.....	.....	5

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Veratrum Viride; its Physiological and Therapeutical Action.

By B. Woodward, M. D.,
Of Galesburg, Ill.

Within a few years past, veratrum viride has come into pretty general use as an arterial sedative, and its merits are being acknowledged as such. As a general thing, its use has been confined to strictly inflammatory diseases, though I think it will be found, on trial, to be much more extendedly useful as a therapeutic agent. From a somewhat attentive watching of its effects in all the cases in which I have used the article, I am led to believe that its sole action is upon and through the nervous system, and that, unlike antimony, it has no effect upon the blood. Were its action upon the blood, we should see its effects after its primary action has passed off, which is not the case. There is no remaining depression, as with antimony; neither is the nausea and vomiting, nor its cathartic action, permanent. I have never seen it produce watery stools, neither have I ever known it to produce those peculiar ejections and dejections of the secretions of the stomach and bowels, which are often found so troublesome where antimony has been exhibited. I regard it as solely a *nervous sedative*, and in no case *a stimulant*. I propose, in the present paper, to establish, if I may, the truth of my proposition, by reference to cases of disease in which I have used the remedy.

The researches of Bernard and others are opening up a new field in pathology and therapeutics, and, if their views of the agency of the nervous system shall stand the severe test to which they will be subjected, we shall have a new therapeia. Many articles, which have been hitherto used empirically, will be used rationally, while others will go out of use in certain cases, and more rational remedies and modes of treatment will take their places. Thus another step will be taken toward making medicine an "exact science."

If the action of veratrum viride is upon the nervous system, upon what nerves does it specially act? is an important question, with a view to its therapeutic use. We must judge of this by its effects.

As soon as the system comes under its influence, the first phenomenon is a reduction in the frequency of the pulse. The next is a diminution of the frequency of the respiration. Carry it a little further, and you have a sense of sinking or general prostration, referred by the patient to the heart. "Jimmy, how did you feel after taking the medicine last night?" was a question I put to an Irishman a short time ago, who was sick with one of our mixed fevers—bilious remittent and typhoid together. There had been no laxity of the bowels—on the contrary, it was hard to move them; his urine had been very scanty; tongue dry, with a brown coat—no redness of tip or edges. His pulse ranged from 110 to 125, and had been so for five days; constant disposition to talk, though rational. I had used the veratrum viride in the ordinary doses without effect; I could not rouse the secretions, and quinine did no good; I had just put him on ten-drop doses of Tilden's fld. extract of veratrum viride, to be repeated every three hours till he vomited; I was determined to give the veratrum a thorough trial; this was done two hours after taking the last dose—

"Och, docthur, the medicine made me very sick intirely; my heart did not go right at all, and shure I cuddent breathe, and I thought it was all over wid me, and pretty soon I womited, and then the sweat came out all over me, and

shure I made a power of wather, and soon I had to get up and my bowels passed off, and I have just got back to bed, and indade I feel a heap better."

His pulse was now but 45 per minute, soft and full; he was perspiring freely. From that time he had no more fever; quinine acted well; the pulse was kept down to 70 by the use of small doses of veratrum, and he speedily got well. This ignorant Irishman, who knew no more about the nervous system, or the circulation, than a Hottentot, had given me a rational account of the action of the remedy on his nervous system. He had traced every thing directly to the pneumogastric. When the nervous irritation, which kept up the pulse and locked up the secretions, was controlled by the sedative, he vomited; his kidneys and skin acted, and his bowels moved—the circulation being held in abeyance all else was enabled to go on harmoniously. In typhoid fevers, when the pulse is rapid and feeble, we always have evidence of nervous irritation, calling for a sedative.*

Some months since, in one of your hospital reports, I was surprised to see the use of veratrum condemned in typhoid fever, on the ground "that we had already a weak, feeble pulse, and the veratrum would only make it weaker." It is not pleasant to disagree with high professional authority; but, as searchers after truth, we are obliged to make our own observations and deductions. It has appeared to me that a wrong view of the action of veratrum was here taken, and also a wrong view of the condition of the system which produced this rapid feeble pulse. All the symptoms seem to point to an unnaturally excited and irritated state of the nervous system. The secretions are locked up; the brain is oppressed; the heart and lungs are laboring to free themselves from the tension to which they were subjected. Now here is a condition in which remedies cannot act; but, if we can subdue this nervous exaltation, the system becomes relaxed, the secretions are restored, the circulation and respiration become slower, fuller, and stronger, the lungs oxygenate the blood more completely, and nutrition and depuration, which had before been impossible, allowed to go on. I would not claim that veratrum, or any other remedy, will cut short a typhoid fever, but that its use will prevent the system from wearing itself out by its own tension.

In *pneumonia* and *pleurisy*, it acts by depressing the nervous action which concentrates the blood on the lungs and pleura. It may be that the drug in question will not in every case do away with the use of the lancet, but I can say, from my own experience, that in neither of the above diseases have I felt called upon to bleed since I learned the value of veratrum. In pleurisy I give as large a dose at first as I think the patient can bear, and bring the pulse down as rapidly as possible, and *keep it there*, and I have found no trouble from subsequent effusions—not that this is my only remedy in these cases, but that it precedes and prepares the way for others.

In three cases of *puerperal fever* I have been governed by these views, and have premised all other treatment by controlling the pulse with veratrum; then opium comes in with far better effect than without it. In a late case of *puerperal convulsions*, I did not resort to veratrum, but used the lancet twice, taking away forty-five ounces of blood before the convulsions ceased; but, in about four hours after the last convulsion, the lady became furiously delirious, requiring to be held on the bed; two doses of ten drops each of Norwood's tr. verat. quieted her so completely that she slept for four hours, and had no return of the delirium. Reasoning from the action of the remedy on the nervous system, I have determined to try its effects in the first case of delirium tremens which shall come into my hands.

There is one other most terrible disease, for which, as yet, no remedy has been found, in which I advise a thorough trial of veratrum—*hydrophobia*. Here it can but fail, and if it does, no harm can be done. In this disease the nervous system is in a terrible state of irritation. It may be that the convulsions can be controlled by this powerful sedative. Dr. Atlee's case of puerperal mania, in Reporter for Oct. 6th, leads me to believe that the remedy may be used successfully in puerperal convulsions; and, if in these convulsions, why not in hydrophobia? If puerperal convulsions are caused by uræmia, as is claimed, why are they controlled by venesection? The remaining blood is as truly poisoned as before venesection. The fact that there is either arrest of urinary secretion or albuminuria, does not prove to my mind that the condition causes the disease; but the phenomena of the disease lead me rather to believe that the

* This treatment is perfectly consonant with the propriety of sustaining the system with food, which I think is vitally important in the treatment of typhoid fever.

disease causes the condition, and that the disease is one of purely nervous origin. If the nervous and circulatory systems are the great sources of life, they must also be of death, and if of death, then of disease. If we can get them right, we cut short disease.

There is one other form of nervous disease in which I have lately used the veratrum with the best effects. I was sent for, to see a little girl, eight years old, who, while recovering from scarlatina, and while desquamation was going on, went to an open door for a few minutes. She soon complained of pain in the right thigh and leg, which became so severe, that she got no rest, day or night. I found the pain entirely characteristic of neuralgia, following the track of the sciatic nerve from its exit, from the pelvis, through its ramification, to the foot. Her pulse was 110, tongue dry, but clean, without redness. She had not urinated for forty-eight hours, bladder full, rising to the umbilicus, suffering much from this cause. I drew off with the catheter two quarts of highly ammoniacal urine, and put her on morphia and tinct. conium. I found her the next day in the same condition, bladder full, and the pain now in both limbs. The morphia had produced no relief, her pulse was now 120. Moved her bowels with enema, and put her on quinia, grs. iij., morphia, ¼ gr. every four hours. This gave no relief, as I found her the next day fully as bad, in every respect, as she had been; drew off the urine again, and put her on veratr. vir. four drops every four hours, till the pulse was brought down to 60; she had no more of the pain, or retention of urine, the pulse was kept from rising above 80 by small doses of the veratrum for a few days, and she made a good recovery. I have been thus prolix in the detail of this case, because it illustrates the effects of the remedy on the nervous system.

Though the drug seems to have a more controlling influence over the *pneumogastric* nerve, its good effects are seen in the *general* nervous system. Another case of neuralgia occurred to me, in which the veratrum seemed to have a controlling influence. It was the case of a lady who, for nine weeks, had been treated by judicious physicians without the least relief. In her case, it was the crural nerve which was affected throughout its whole ramifications, over the pubic region, the labia, and inside of the thigh. Opium, blistering, the endermic use of veratria, aconite, etc., had been faithfully tried, but without effect. It was not without many misgivings that I undertook her treatment. During the paroxysms, there was a remarkable acceleration of the pulse, and a general nervous irritability. She was put on tr. veratrum viride, at first eight drops, and in four hours four drops; this brought the pulse down to 50 per minute, with a marked amelioration of the pain. She then took twenty drops of Tilden's fld. ext. of conium every eight hours, with four drops of the veratrum between each dose of the conium. In this way, the pulse was kept down to 70 per minute for several days, during which time there was no return of the pain. She was then put on ℞. quiniæ, ℈ij., ext. conii, ʒj. In pil. no xxx div. Two pills to be taken three times a day. Before she had half got through the course, the cure was perfect, and there has been no return of the pain, now eight months. The only material difference in the treatment was the use of the veratrum, and I cannot but conclude that this was the efficient remedy.

Have I made out my case—"that veratrum viride is purely a nervous sedative?" At the risk of being thought a "hobby rider," I believe that the day is not far distant when, in extent of range as a therapeutic agent, veratrum will rank with opium.

When we wish to get the nervous system well under the influence of the remedy, it is best to give as large a dose at first as will be well borne. The remedy is not like digitalis, accumulative in its action. Vomiting will not occur till the circulation is brought well down, and when this does occur, it is only a sign that the system is well under the influence of the drug, and in no case proves troublesome; a teaspoonful of brandy, or a few drops of tr. opii will arrest it at once.

Wishing to know, from my own experience, what the physiological effects of veratrum were, I subjected myself to the experiment. I will premise, that I am nearly fifty years old, of a very nervous temperament, the natural rate of my pulse is 90, respiration twenty per minute; ordinary weight, 115 pounds; have no constitutional disease. I give my own condition, because, in endeavoring to ascertain the physiological effects of a medicine, it is important to take into account the physiological condition of the person experimented upon. At 8 P. M., after a busy day in my profession, I took eight drops of Norwood's tinct. verat. vir., pulse 94. In one hour,

pulse 87, respiration 18; at 10 o'clock, pulse 80, respiration 16; took now four drops of the tinct.; at 11 o'clock, pulse 75, and respiration 14; felt a degree of lassitude, with a disposition to inflate the lungs very fully; at 12 o'clock, pulse 65, with a sense of sinking about the heart; respiration 12. I now took three drops more; in ten minutes felt nausea, pulse 50, respiration 8; in fifteen minutes more I vomited, pulse 42, respiration 6; had profuse diaphoresis and sense of utter prostration. I now took a teaspoonful of brandy, and in ten minutes, another; in half an hour, the pulse was 50, respiration 9. Took another teaspoonful of brandy; in twenty minutes, pulse 56, and respiration 11; in two hours from this time, the pulse was 67, respiration 14. I now went to bed, and slept well for six hours. When I awoke, it was with a most delightful sense of relaxation and rest; ate a hearty late breakfast, and went to my business as usual. Through the rest of the day, felt rather weak, but by night had entirely recovered from the effects of the drug. I thought I now understood the action of the medicine upon the heart and lungs. At no time did the brain seem to be affected, except that toward the last, there was a species of torpor, and my ideas were not very clear. I fear, Messrs. Editors, that your readers will think that I am still under the influence of veratrum viride.

Poisoning by Atropine.

By Max Kuechler, M. D.,
Of Newark, N. J.

Several cases of poisoning by atropia have of late been recorded. The powerful action of this alkaloid, externally applied for the purpose of dilating the pupil or of promoting the absorption of exudations in the layers of the cornea, has led the profession to abandon belladonna almost entirely. For weeks a strong solution, for instance gr. vi, x, to aq. ℥i, may be dropped into the eye 10 to 20 times a day, and never has it been followed by other symptoms, except dilatation of the pupil, resorption of exudations; only after a very prolonged use has injection of the conjunctival vessels been observed, terminating, if the use of the article is persisted in, in conjunctivitis.

Accidentally, however, it happened several times within the last few years that solutions of atropine, prescribed for external use, were given internally.

The symptoms of three cases to which I can refer are remarkably similar. One is recorded by Dr. Samuelson, in the Kœnigsberger Med. Jahrbücher, 1858; i, 1 and 2; the second case occurred under the hands of *Desmarres*, at Paris, in 1856, and was treated in the Charité, at Berlin, where I had the opportunity to observe the case; the third case occurred in my private practice in 1857.

Dr. Samuelson has described the first case as follows:

The patient, who had taken about ½ or ⅔ of sulphate of atropia, lay in a deep soporous sleep, from which he could be roused neither by loud talking, nor by shaking him, nor by applying irritants to the skin. The face was almost of a purple color; the conjunctiva greatly injected; the cervical veins full; the temperature of the skin considerably elevated; a pearly sweat upon the forehead and temples. The pulse, at first 88, became irregularly and strongly accelerated (130, 140;) respiration slow and labored; power of deglutition almost entirely gone. *The pupil, which is very strange, was not dilated.* In spite of leeching, venesection, bladders filled with ice, applied to the head, injections of vinegar, etc., the symptoms kept on increasing in violence, the pulse became more frequent and irregular, occasionally groups of muscles were affected with tonic spasm, and the pupil assumed an oval form.

Six hours and a half after the commencement of the narcosis the patient awoke from his sopor, and was perfectly conscious. Dr. Samuelson remarks, very properly, that while, in chronic toxication by belladonna, the frequency of the pulse is at first lessened, the pupil dilated, and the sensation of dryness and dysphagia precede the slowly developing symptoms of cerebral depression,—in acute poisoning by atropia we have, after a very short stage of dysphagia, a marked degree of sopor, followed by rapid loss of consciousness, increased frequency of the pulse, tetanic spasms, and tremor of the hands. At least two hours are necessary before the intoxication passes off, but it may continue for eight hours after the administration of the remedy. Half a grain may kill an adult.

—o—

The art of healing must always depend, in part, upon empirical observation, and in part upon inductive science. But in both alike, the physician is, or should be, "naturæ minister et interpres."—*Hartshorne's Medical Principles.*

Case of Supposed Spider Bite, followed by Severe Symptoms, Rigidity of the Muscles, Prostration, etc.

By D. Thompson, M. D.,

Of Castalian Springs, Tenn.

On August 29th, 1860, I was called to see a man at the hour of 6 A. M. He was possessed of an unusually large frame; 38 years of age. When I arrived, he reported to me that he had been out at his barn about ten hours before, when he felt something bite or sting him about midway on the inner side of the left thigh; the sensation, he said, bore some similarity to a bee's sting. He slapped his hand on it, and again experienced the same sensation as before, near the same locality. Having no light he made no examination, and paid no particular attention to it.

On examining him, I found the wounds to be but little more than a flea's bites, the size of half a dollar, with a deep red spot in the middle, and red purplish color extending to the circumference. The pain increased, and extended up his body, until it arrived as high as his heart, so he informed me; it then became more general through his body; it came on paroxysmally in severity, and was so intense at times that, in fact, I do not think that I have ever seen a person apparently in more misery and agony.

In addition to this, the muscles of the abdomen were tense and hard, rigidly contracted; his diaphragm, likewise, was much contracted, making him appear as if belted tightly around the body; his respiration was, in consequence, much oppressed. His pulse was slow, 42 beats per minute; extremities cold, up to the knees and elbows, even above them; his whole surface bedewed with a clammy and cold perspiration. The two bites were in close proximity to each other.

Treatment.—There were three prominent therapeutical indications in this case, viz: first, allay pain; 2d, revive the circulation; 3d, subdue the rigidity and contraction of the muscles. The first indication was met by opiates, to which the family urged objections, on account of his unusual susceptibility to their bad influence. Believing, however, that it would expend its force upon the pain, instead of manifesting its unhappy effects, I felt no hesitancy in giving it.

He took $\frac{1}{8}$ gr. morphia sulph. without any effects following it. The same quantity was given in succession every $\frac{3}{4}$ of an hour, until he had taken his fourth dose. I then gave him 25 drops of tr. opii. every hour. At 10 o'clock the pain was, to some extent, mitigated. Shortly after the first dose of morphia had been administered, a half glass of good whisky was given, and a few minutes later a teaspoonful of spirits of camphor; followed in $\frac{3}{4}$ of an hour by a teaspoonful of spts. of ammonia. Under the continued use of the above stimulants there was an apparent reaction. But as there was still difficulty of respiration and the contracted state of the muscles, my object was to administer some medicine which combined in its actions both a stimulating and antispasmodic effect. Hence I resorted to the use of the ammoniated tincture of valerian, the success of which was highly gratifying. This treatment was continued up to 4 o'clock P. M., with a general amelioration of all symptoms. I then directed the suspension of the medicines, ordering the stimulants to be given freely, if he should get worse, enjoined the recumbent position, and left him. But an hour or so after leaving, he felt so much better that he was injudicious enough to get up from his bed, and soon became worse. On taking a few glasses of whisky and few teaspoonsful of ammoniated tincture of valerian he was relieved again; and what was remarkably strange, the whisky had not the least intoxicating effect upon him. I saw him again on the same day at 8 o'clock P. M., and remained all night with him—forcing him, against his will, to take the stimulants frequently and constantly—when he felt any returning symptoms. I left next morning at 8 o'clock, directing the continual use of stimulants. When I returned on the 31st, the pain had descended to the left lower extremity which was bitten, and he soon recovered entirely.

The first traces of field hospitals, or, as they are called, flying hospitals, occur, perhaps, in the East. At any rate, the Emperors Maurisius and Leo the Sixth had along with their armies certain followers termed *deputati*, who were distributed among the cavalry, and were obliged to carry off those who were wounded in battle. On this account, they had on the left side of the saddle two stirrups, in order that they might more easily take up the wounded behind them; and for every person thus saved they obtained a certain reward. They were obliged, also, to carry with them a bottle containing water for the purpose of reviving those who might have fainted from the loss of blood.—*Outlines of Military Surgery.*

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. Forsyth Meigs.

DELIRIUM TREMENS.

At the conclusion of his service on Wednesday last, Dr. Meigs made some remarks on the nature and treatment of delirium tremens, a disease which has recently again excited much attention. Dr. Meigs mentioned two cases, which he had seen, of persons that had died rather suddenly during attacks of delirium tremens; and, in both instances, the right heart was found filled with blood-clots, of great firmness and whitish-yellow color, indicating that they must have formed some time before death. It is often supposed that blood-clots, formed before death in the heart, always occur in cases where the death-struggle has been protracted. Yet, in both these instances, the death-struggle was short, while the character, consistence, and color of the clot left no doubt that it had been some considerable time in formation. These observations, taken in connection with experiments recently made upon animals, by various continental observers, seem to show that sudden death in delirium tremens arises from blood coagula in the heart, and that chronic alcoholism, or alcoholic poisoning, has a tendency to lead to coagulation of the blood. In the experiments alluded to, the injection of alcohol into the cellular tissue and the veins was followed by clot-formation in the heart. Another remarkable circumstance is, that these clots were found in the right heart, blocking up, in one case, the whole ostium venosum, while, in ordinary cases, coagula in the heart are generally in the left side of the heart.

In reference to the question of the true nature of delirium tremens, the oldest theory of phrenitis is, of course, abandoned at present. Another opinion is still prevailing to some extent, namely, that it arises from a peculiar irritation of the brain, in consequence of a sudden withdrawal of stimulants. This theory, however, is not tenable, as it has been shown to be unsupported by the statistics. It is true, when persons are attacked by delirium tremens, they have often not drank much for three or four days previously, but this is owing to the saturation of the system with the poison, and nature resisting the further introduction of the deleterious agent by the establishing of vomiting, etc.; the delirium tremens is not the result of a suspension of stimulants, but the latter is rather a consequence of the saturation of the system by the alcohol, which finally terminates in delirium tremens.

The opinion which seems the most correct, and one to which we are led by the opinions of some of the best clinical observers, such as Laycock, Bennett, Carpenter, etc., is that delirium tremens is the result of *a slow toxication by alcohol.*

With this view of the nature of the disease, the indication of treatment is easily given. Give nature a chance to eliminate the poison; put the system in the best possible condition to resist the toxication and to remove the poisonous material. It has been found in animals which have died from alcohol poisoning, that while the various tissues were impregnated more or less with alcohol, the brain showed a much larger amount of the toxic agent than other tissues; and, hence, Carpenter concludes that there is what he terms a selective affinity between alcohol and the brain matter, producing the molecular condition of the cerebral substance, the symptoms of which we call delirium tremens.

The patient should not be confined to a dark small room, nor should he be tied and manacled, as was generally done formerly. Wholesome food, beef tea, milk, etc., are to be given.

The excessive use of opium or alcohol in this disease has been found to be injurious. Opium should never be given during the day-time, but only at night, and then in moderate doses.

As to alcohol, Laycock and Bennett object to it in toto, and, if used at all, it is only in cases where the patient is rapidly sinking. Many persons attacked with delirium tremens are suffering from granular degeneration of the kidneys, and uræmic poisoning is superadded, from which the patient dies, while he might have recovered from the delirium tremens.

JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

Reported by N. G. Blalock, of N. C.

HYPERTROPHIED TONSILS—OPERATION.

The patient was a young lady, 17 years of age, of good general health; had been suffering with chronic enlargement of the tonsils for some weeks, which was a source of great inconvenience. The parts are liable to frequent attacks of acute inflammation from slight exposure to cold; deglutition is impeded; the voice is rendered hoarse, and respiration is noisy and laborious, especially during sleep. Acute cases may be relieved by proper attention to the secretions, diet, clothing, and occasional use of the nitrate of silver to the affected parts; but when the disease becomes chronic, and the enlargement of such size as to cause much inconvenience, a portion should be clipped off. This may be done with the tonsilitome; but usually a sufficient portion cannot be removed. Professor Gross, therefore, prefers the vulsellum and the probe-pointed bistoury. The surgeon seizes the glands with the volsella, (having the tongue depressed,) and with the knife clips off a portion, cutting from below upwards. The operation is simple, and causes but little pain; sometimes the hemorrhage is profuse, but is usually

controlled by the use of cold water held in the mouth and gargled, or by styptics. The patient should be careful in regard to exposure, otherwise severe inflammation might result.

This disease most commonly attacks young persons of a strumous or scrofulus diathesis, and this fact should be borne in mind in the treatment of the disease.

ANAL FISTULE.

The patient, 30 years of age, had been suffering from this disease for two years. It was the result of an abscess, which was situated in the ischio-natal fossa, an inch above the anus. The fistula was complete, entering the bowels just above the sphincter ani muscle. The action of the sphincter and levator ani prevented its closure. The only means of relieving this difficulty perfectly is an operation in which the sphincter is divided, thus giving the parts rest. *Operation.*— The patient being placed on his knees and elbows on a bed, and the nates being kept asunder by an assistant, the surgeon introduces his fore-finger into the rectum, and, at the same time, passes a flexible grooved director along the fistule into the rectum, and, with the assistance of the finger, the end within the bowel is brought out at the anus. Having raised the parts on the director, they are to be divided, which is done by running a bistory along the groove of the director. We give the patient a full anodyne to lock up the bowels, and, also, to relieve pain, and apply to the parts the warm water dressing, allowing the wound to heal from the bottom.

RANULA.

The patient, a man 24 years of age, had been troubled with a painless tumor under the tongue of six weeks' standing, and so large as to displace it very much, mechanically obstructing his speech. It consisted of an encysted tumor, called ranula, from its resemblance to a frog's belly under the tongue, caused by the obstruction of the ducts of the sublinqual gland. The accumulated saliva forming the tumor, the more watery portions of which have escaped, leaving a ropy, jelly-like mass. The tumor was laid open, and a portion of its lining membrane was snipped off, allowing the contents to escape. The parts were then brushed over carefully with dilute tincture of iodine, with orders to have it applied again in two or three days, should it become necessary. The object of this procedure was to cause inflammation, with effusion of lymph, and, consequently, obliteration of the sac.

WRY NECK—OPERATION.

The patient was a young lady, 22 years of age, who had been suffering with contraction of the sterno-cleido mastoid muscle of the right side for eleven years. It came on without any assignable cause, and an operation had been performed for the relief of the deformity about five years ago. The muscle was divided by passing a delicate tenotome under the skin, and immediately behind the muscle, then by a sawing motion it was severed with an audible snap, leaving an interval between the two divided ends. The head then resumed its natural position for the first time in eleven years. There will be no apparatus needed here, as in case of club-foot.

We will order the patient a grain of sulphate of morphia, and keep her quiet, and on light diet.

RHINOPLASTY.

The patient, a man of about 40 years of age, presented himself at the clinic, suffering with a loss of the substance of the nose, requiring for its relief an operarion. Some twelve years since, by an accidental fall, he received an injury, by which the side and a portion of the nasal septum was destroyed. He has been in the College Hospital for a week, preparing for the operation. Professor Gross removed from the forehead sufficient integument for the formation of the new nose, and after freshening the edges of the cicatrix, united the two cut edges by the tongue and groove suture, as it is called, a procedure first brought into notice by Dr. Pancoast. The upper flap, being loosened from the forehead, was twisted upon itself, brought into its new position, and confined by sutures. A full dose of morphia was administered to ensure the patient's rest, and the wound was dressed with the warm water dressing. The result of the case will be reported at a subsequent period.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, October 10th.

Dr. Isaac Remington, President.

Subject for Discussion : Opium as a Therapeutic Agent.

(Continued from page 92.)

Dr. Coates, after complimenting the scientific precision and gentlemanly courtesy of the experienced lecturer, in his very able and judicious discourse, could coincide very nearly in most, if not all, of the aphorisms which concluded the discourse.

He begged to make a few remarks of a personal nature. The doubts of the lecturer, with respect to danger from very large doses of opium, had recalled to Dr. Coates' mind sundry charges loudly made against himself, in regard to the use of that article in delirium tremens. He had been charged with depending on opium alone, with giving it, in large amounts, dose after dose, without limit or stint, and even "day after day," and with continuing to repeat that he had never known or heard of any harm from it, and that the patient must sleep or die; there was no alternative.

He was so unfortunate as to be the author, in 1824, of a memoir on the subject, which was published in the North American Medical and Surgical Journal. Gentlemen who would do him the honor of referring to that paper would easily find how unjust, up to that time, all these imputations were. It was necessary, however, to discuss two of the propositions just recited. One of these was the statement, that "the patient must sleep or die; there was no alternative." Reminding gentlemen that he was speaking of delirium tremens, and not, as had been justly distinguished by a member of this body from one of the prisons, of "*debauch*," he said that this proposition was, in one sense, and that a very fair one, literally true, no recovery taking place without sleep. In fact, this was inevitable. The patient was, in every instance of delirium tremens, excessively exhausted by loss of sleep, and by excessive and long-continued agitation. In such a case, a healthy person would feel an overpowering demand for sleep. How then could health return without it? It was a thing absolutely impossible.

Yet, Dr. Coates had found this phrase to act powerfully on the minds of young practitioners, on whom the care of cases of this disease, frequently so mortal, was continually thrown in hospitals, and feared that it might tend to promote an extravagant tone of judging cases. He believed that he could pledge himself in the most serious manner to the society that, during the long remainder of thirteen clinical services in the Pennsylvania Hospital, he, in every instance, absolutely, without exception, carefully refrained, either in this or in any other public way, from ever repeating it. He had, since 1824, positively *never* said so, either in lectures, or in public discussions.

Yet, so fixed was the imputation against him of continually inculcating this, that a physician of much reputation in this city, and now practising in New York, had actually sent him this phrase, as having been uttered by him on a day on which the gentleman alluded to had taken notes on one of his clinical lectures. Dr. Coates assured the society a third time that he had said no such thing. In fact, so violent had prejudice become, by constant repetition, that more than half the notes were evidently written from imagination, and only the smaller amount were capable of being used.

With regard to the allegation that he had never known or heard of any harm from opium, given in the way he had recommended, there was certainly some small allowance due for the difference between 1824 and 1860! He had, since the former time, certainly both seen and heard of it.

Some of his friends had given more than he had. His belief was that he had never given more than 42 grains of opium during the whole case. [60 grains and 72 grains were given by practitioners of high standing.] He had thought the practice forced on him in the hospital, by having desperate cases left entirely to his own care and discretion, while still a very young man, and had believed that the practice was not conducted in clear and distinct views, different purposes in the treatment seeming to him to be vaguely mixed together, to the confusion of the treatment.

Any gentleman who would, as he had proposed, do him the honor to refer to his memoir would find that he used and recommended a great variety of remedies: assafœtida, musk, ardent spirits, emetics, blisters to the head; and that he earnestly pressed on the practitioner that no very large dose of opium should ever be repeated without a visit of inspection paid between, to judge of its effects.

Success differed very much in different years. He had heard of a claim to have cured, with ardent spirits alone, something like 147 cases in 148. He had never had such success as this, unless for a short series of cases; but he would not undertake to deny it. Sutton had claimed to have recovered the whole of 70 cases; and Dr. Coates had defended Sutton's claim in the memoir alluded to. Dr. Coates did not refrain from stating that he had imputed moral censure in some instances. He was sensible that he had betrayed warmth when speaking of the above; but this was common when men found their professional characters attacked. He could assure the company that none of his warmth was felt towards any then present; and he did not believe it was so against any of their particular friends.

He considered ardent spirits less suited to the case, because their sleep-producing power was combined with violent stimulation. This, he believed, he had found in general not necessary, and only used them for the common indications of need of more arterial and nervous excitement. Dr. Wood's recent work included a case that had got well under alcohol in 14 days. He would append to it a recent one of his own, of desperate and long-continued debauch, practised with the avowed intention of producing suicide, which became perfectly and absolutely well, with the return of the natural appetites and healthy moral feelings, in *four* days, with

very little medication. This included 17 drops of good wine of *Cannabis Indica*.

In acute rheumatism, he thought opium too universally recommended; and had found, on very careful trials, a number of cases that improved faster, and had less pain under the use of simple nitrate of potassa, than under that of Dover's powder.

He believed the gentleman who revised the Pharmacopœia to have committed a mistake in returning to the use of sulphate of potassa, instead of nitrate, in making Dover's powder. The nitrate was a very important and useful part of the formula.

He was impressed and pleased with the lecturer's remark on the necessity of occasionally intermitting the use of opium where required to be long continued, in order to let the patient recover his natural susceptibility to the drug, and to prevent its use from becoming habitual, uncertain, and extravagant in the dose. He had particularly found this needed in pulmonary consumption, and most frequently advised the patient only to use opiate cough mixtures when the cough was worse than common, or when sleep was desirable, and not to suffer it to become habitual.

Dr. Condie remarked, that notwithstanding the excellent account which had been given by Dr. Hamilton of the therapeutic properties of opium, so extensive was the ground covered by him, and so much had he entered into particulars, it was extremely difficult to follow him with any degree of closeness. The theme presented for discussion was in itself one as copious as it was important.

Of all the articles of the materia medica, the one we could the least easily dispense with was unquestionably opium. So many were the morbid conditions which called for its employment, and where, from the use of no other remedy could be anticipated the same prompt, certain, and beneficial effects: so many and varied were the therapeutic indications it was adapted to fulfill, that few, if any, diseases could occur in one or other of whose stages opium did not constitute a prominent and important remedy.

Most of the circumstances which contraindicate the employment of opium have been pointed out by Dr. H. in his opening remarks. He had not, however, Dr. Condie believed, included among those circumstances, the presence of congestion of the lungs. This, opium has always the tendency to increase.

A very strong temptation to the employment of opium in the leading affections of the lungs arises from the fact of its calming influence upon the frequent and harrassing cough by which most of these affections are attended. There is no doubt that, in nearly all of them, after the acute stage has passed, opium constitutes a valuable remedy. In moderate doses, combined with expectorants, it will be found, very generally, so far to relieve the violence and frequency of the cough in bronchitis and pneumonia as to permit the patient to obtain some hours sleep. But we must beware of giving opium in large or repeated doses in the latter stage of acute bronchitis, or in cases of chronic bronchitis attended with a frequent severe cough, with but little expectoration. The free secretion which takes place in the course of an attack of bronchial inflammation from the mucous membrane of the bronchi, is always a beneficial result to be promoted rather than retarded or prevented, and, at the same time, we are to recollect that it is by coughing that the secreted matters are to be expelled from the lungs, where their retention and accumulation would be the cause of serious inconvenience. Now, opium has the effect of diminishing or sometimes even arresting the secretion from the bronchial mucous membrane, and of suspending to a greater or less extent, the cough. The disease of the bronchi, and with it the difficulty of respiration, and the pectoral oppression, will, in consequence, be increased, whenever opium is improperly and inopportunely administed in acute pulmonary diseases, partly from the increased congestion of the lining membrane of the bronchi, and partly from the accumulation of the fluids poured out from its surface within the air cells and respiratory passages. To so great a degree, in some cases, does the impediment to respiration arise from these causes, that the speedy death of the patient may even be the result.

Dr. Condie referred to the case of a distinguished clergyman of the Methodist Church, who had been laboring under chronic bronchitis for upwards of a year, when he came under his care. He had become greatly emaciated and feeble, and was deprived of sleep at night by an incessant painful cough, attended by a very copious expectoration. Not improving as rapidly as he had anticipated, he was induced by the flattering representations of an ignorant charlatan to take his medicine, which, he assured him, had been found in every instance where it had been used, in cases of consumption similar to his, to *stop the cough* promptly and effectually. The reverend gentleman commenced the use of the article on Saturday; he slept tolerably well, and coughed but little during the night; he concluded, therefore, that he was greatly benefited. On Sunday morning, contrary to the remonstrances of his family, who saw the increased oppression and difficulty of breathing under which he labored, he insisted upon attending church and preaching. After laboring with difficulty through the services of the desk, he was conveyed home from church, and went at once to bed. He died in the course of the night of apnœa, caused, as Dr. Condie was well convinced, by the action upon the bronchial secretion and the cough, of the opium which formed the active ingredient in the "pulmonic elixir," by which his cure was to have been effected.

From the effect which opium has in diminishing the discharges from the mucous membranes in health and disease, Dr. Condie remarked, it may be advantageously resorted to in the profuse effusions into the bronchial canals we occasionally meet with. In such cases, when judiciously employed, in conjunction with other remedies, it will always be found to give great relief, and to aid very effectually in effecting a cure.

Dr. Hamilton, if Dr. Condie had correctly understood him, believed that opium was less injurious when administered in the ailments of children than it is generally supposed to be, and that it was adapted to a much greater extent for the relief of their diseases than would be judged to be the case from the practice of the generality of contemporary physicians. This estimate is by no means, however, confirmed by the result of Dr. Condie's experience. He had always found that opiates were very illy tolerated by young children even in those ailments in which their use had seemed to be the most positively indicated. He had known very minute doses—the sixteenth of a grain of Dover's powder, for instance—a combination of opium that is generally believed to agree the best with children—to produce in an infant, two years old, excessive narcotism, causing the little patient to remain in an almost comatose condition, in one instance, over forty-eight hours. But, Dr. Condie observed, it is not always thus that are exhibited the bad effects of opium upon the organism of the infant. When given in small doses daily for a long period, as is often done by ignorant or inconsiderate parents to relieve the colicky attacks with which children are so liable to be troubled, or to keep them quiet while the mother pursues her domestic occupations, opium acts somewhat in the same manner as the habitual indulgence in intoxicating drinks does upon the adult, checking the proper nutrition of the infant's body, and rendering it pale and emaciated, and, when awake, dull and peevish; its countenance assumes a withered, discolored aspect, and a sour, suffering look, like that of an ill-tempered superannuated man or woman.

Dr. Hamilton believes that, when opium is administered by the rectum, its effects upon the system are not so promptly exhibited, and by no means to the same extent, as when given by the mouth; and that, consequently, it may be employed as an injection or suppository more boldly and in far larger doses than when it is introduced directly into the stomach. Dr. Condie believed this to be a very dangerous mistake. His experience had very fully sustained the statement of several of the continental therapeutists that the effects of opium, in the same doses, were equal, whether administered by the mouth or rectum. In some instances, a very moderate quantity of opium introduced per anum, he had known to produce intense narcotism. When, however, opium has been given by enema, combined with some oleaginous substance, as, for instance, with melted butter—a favorite prescription of the late Dr. Chapman in the dysentery and other painful bowel affections of children—its effects are exhibited to a much less extent than when injected in combination with mucilage, or introduced in substance.

Dr. Hamilton had considered the employment of opiates, in the case of children, to be strongly indicated, from the fact of the greater activity of the nervous system in them, and its predominating influence in the production, phenomena, and course of their diseases. Dr. Condie had supposed it to be universally conceded that, during infancy and childhood, it was chiefly the blood-making and nutritive systems that were most prominently active, and that the most frequent ailments at those periods of existence were those of digestion and nutrition. The ganglionic system of nerves, it is true, are then especially active and prone to derangements of various kinds. The nervous symptoms, by which the diseases of infancy and early childhood are often attended, are most generally secondary phenomena, the result of reflex action. Let this be as it may, opium, while it furnishes us with our very best remedy for allaying pain and quieting certain states of nervous excitement and irritation, had not been found, Dr. Condie believed, a very potent agent for the prevention of, or allaying convulsive action. It has been recommended, it is true, in tetanus, chorea, epilepsy, the eclampsia of puerperal females, and in the convulsions of children, upon very high authority. The results of its employment in the first four of these affections had not been, so far as Dr. Condie had ascertained, such as to recommend it very strongly to our confidence. In the general run of cases of convulsions in children, he would as soon think of administering opium to quell them as he would of resorting to active depletion by the lancet to cut short a case of typhoid fever. There are certainly many cases, Dr. Condie remarked, in which, after the convulsive paroxysms had been subdued by appropriate measures, moderate doses of opium, administered by the mouth or as an injection, may prove highly beneficial. By quieting the undue excitability which remains, it may even aid materially in preventing a return of the convulsive movements.

Dr. Hamilton would appear to place a very low estimate upon opium as a remedy in cases of epidemic, malignant, or spasmodic cholera. Dr. Condie, on the other hand, considered it to be one of the most essential and efficient of our means for the control of this formidable disease. His opportunities for the study of it, and for testing the influence upon the mortality attendant upon it under different plans of treatment, had been ample, he having served as chief physician to a large cholera hospital during its several epidemic visitations to our

city. The result of his experience had convinced him that it is utterly useless to depend for the cure of epidemic, or spasmodic cholera, upon any plan of treatment in which opium does not hold a prominent place. In a paper that appeared in one of the continental medical journals shortly after the epidemic of 1849, "On the Treatment of Cholera," it is very clearly proved, by a statistical exhibit of the results of various plans of treatment drawn from a number of reliable sources, that the per centage of recoveries had always been decidedly in favor of those plans in which opium entered as a prominent remedy. The same thing Dr. Condie considered was shown very satisfactorily by the facts contained in the report on practical medicine and epidemics, read before the American Medical Association by Dr. J. K. Mitchell, at the session of 1850. It may, perhaps, be objected, as he had known it to be to a series of statistics presented to another body by a gentleman holding, at the time, a professorship in one of our medical schools, that in the statistics in question were included a large number of cases that were not strictly those of spasmodic cholera—they being unwilling to consider any attack as one of that disease which was not characterized by a cold, livid tongue and surface, shriveled extremities, or slow, thready, or scarcely-perceptible pulse, extinct voice, etc. If these persons are correct, then Dr. Condie was willing to admit that little, if any, dependence was to be placed in the efficacy of opium in the treatment of cholera. But, if it be correct to say that to those physicians who had almost invariably succeeded in preventing the occurrence of this condition of collapse, by arresting the disease in its first or second stages, is to be ascribed the largest amount of success in the cure of cholera, then is the truth of the position to be also admitted that opium is the most efficient remedy for the disease, inasmuch as it will be found, upon a candid investigation of all the facts upon record, that it was mainly to an early and judicious resort to opium, in conjunction with astringents, their success is to be attributed.

Dr. Condie was of opinion that, in the opening remarks of Dr. H., he might have urged even more strongly than he did, the important remedial influence exercised by opium in all inflammatory affections, after the first acute stage had been overcome. This influence is not evinced simply in the inflammatory affections of the mucous membrane, but to an equal degree in those also of the serous membranes generally.

Dr. Hamilton referred to the curative power exercised by opium in puerperal peritonitis. If by the latter name he had intended to indicate true puerperal fever, Dr. Condie stated that he would be obliged to ascertain the extent to differ in opinion from him. In his estimation, true puerperal fever was something more than merely a severe febrile excitement, the result of inflammation of the peritoneum, or of the womb and its appendages, while in its treatment he did not esteem opium a prominent remedy. In simple acute peritonitis, whether occurring during or out of the puerperal state, opium he admitted to be an all-important remedy, after direct depletion had been carried to a proper extent.

It had been his desire, Dr. Condie observed, to inquire into the remedial value of opium in certain morbid states of the human organism to which Dr. Hamilton had not at all, or only cursorily, alluded, but having already occupied the attention of the society for, perhaps, too long a period, he would here close with the general remark that the nature of opium, as a therapeutic agent, does not consist simply in its property of allaying pain, of calming nervous irritation, and of procuring sleep. Important as is the aid it furnishes in the successful management of disease, by virtue of these properties, it possesses, in addition to them, others of a directly curative character, and which alone would command for it a very high rank upon the list of the materia medica.

Dr. Hamilton said he had, perhaps, not read the paper presented distinctly, or loud enough to be at all times understood. In reply to what had been said by the gentleman who last occupied the floor, of the danger attending the use of opium in the diseases of children, he would observe that *reiterated cautions* were given in regard—to the necessity of attending to the contraindications in the use of opium in general, and especially in the cases of children—to a strict observance of its effects, and where the indications are not clear, to the propriety of its suspension or non-employment. Further than this he did not see the necessity of going. In reference to the benefit to be derived from the action of injections containing laudanum, in the convulsions occurring so often in children, as the consequence of intestinal or dental irritation, and to which exception has been made, his own experience was quite satisfactory. About ten years ago, the late Dr. Gavin Watson transferred to the care of Dr. H., a child, not quite a year old, affected with convulsions, apparently caused by dentition. Eight attacks had occurred, when Dr. W. was unable longer to attend. Ten or twelve other attacks ensued whilst the case was in charge of Dr. H. The usual remedial measures having proven ineffectual, and the mother of the child remarking that the attacks did not vary more than five minutes in intervals of about half an hour, it was determined to try the effect of an injection of starch, containing ten drops of laudanum. This course was predicated upon the probable purely nervous origin of the convulsive movements, as shown in the regular periods of return. *No convulsion took place after this injection.* From that time to the present, it was the custom of Dr. H., after giving proper attention to the condition of the gums, the stomach, and

bowels, and the vascular system, to depend much in these cases upon the sedative and antispasmodic power of opium. Such attacks, in children not yet weaned, are probably due, in most cases, to dental irritation, and this view seems strengthened, upon calling to mind that a similar condition occurs in the animal creation, as is seen in the convulsive attacks of dogs and kittens, occurring during the progress of dentition. The indication, in these cases, is to subdue irritation, and when this is accomplished, the sudden starting of the child, and the twitching of tendons (premonitory of other probable attacks) so often seen in children, disappear, and the danger of recurring attacks is of course further removed.

The President, Dr. Remington, (having called Dr. Nebinger to the chair,) said: That one great objection to the employment of opium in treating the diseases of children, was the impairment of the tone of the digestive organs, and its decided tendencies to the brain. The mischievous results of this practice are often observed where opiates, in the shape of some popular nostrum, or anodyne drops, are habitually resorted to, to keep the child from crying during the mother's absence.

He related a case of cholera infantum occurring in the winter season, induced by the long-continued, habitual use of laudanum, given to relieve colic, and to procure sleep while the mother was absent from home, occupied with other duties. The opiate was interdicted, and, under good diet and appropriate treatment, the child rapidly recovered.

The indiscriminate use of this article in diseases of children is highly pernicious, and even hazardous to life, by causing convulsions, constipated bowels and determinations to the brain. Although it is argued that as their brain and nervous system are more largely developed than in adults, they necessarily suffer more intensely from pain, and hence the greater necessity for opiates. In cases of extreme anguish and suffering from strangury and irritable bladder, as produced by blisters, he regards an enema, composed of one teaspoonful of laudanum in a little flaxseed mucilage, as a highly efficient and almost infallible remedy. In purely nervous pain and irritability, unattended with fever or inflammation, it is indispensable. He has employed it extensively, conjoined with alcoholic stimuli, in the treatment of mania-a-potu, and in some cases pushed it to the extent of 5 or 6 grs. every hour for 6 or 8 hours, but not always with a happy result in these large doses. To relieve the tormina and tenesmus attendant on dysentery, it is particularly useful.

Dr. Darrach remarked, that, with other merits, the paper of Dr. Hamilton was very suggestive.

One of its suggestions was the combinations of opium. Efficient as is the separate agency of this important medicine, the utility of it is greatly increased by its combination with cinchona and its salts; the salts and oxide of antimony; the oxides and salts of mercury; and with camphor, ipecacuanha, and other first class agents.

In regard to the first of them, he remarked, that although Sydenham and Morton had restored the use of Loxa bark by better timing its administration, yet Talbot, by combining it with opium so augmented its power, that he, an emperick, became the preferred practitioner throughout England and France. The combination, said Dr. D., is supported by the sensor-motor doctrine of Bell and Hale, and has been confirmed by his own practice.

He has also very advantageously combined the antiperiodic and sedative in the early morning apyrexia of epidemics. During it, the thirtieth of a grain of sulphate of morphia, with two grains of sulphate of quinia, administered hourly, will not only most happily cooperate with the then tendency to sleep, but also, by augmenting the efficiency of the quinia, weakens and shortens subsequent exacerbations, prevents degeneration of blood, and secures a favorable crisis.

In respect to antimony, the most admirable and valuable combination is its oxide and sulphate of morphia, with phosphate of lime. Opium, as we know, aggravates the severe evening exacerbation, but the above relaxes, thereby allows sleep, and consequently sustains strength, and prepares the system for the tonic in the coming apyrexia. He regards this, therefore, an improvement in the therapeutics of epidemics.

Opium with camphor is essentially the paregoric elixir of the nursery and the efficient remedy in afterpains. In cholera, each is beneficial, but more so in combination; and if calomel be added, a triple agent of greatly increased power is made.

Calomel and opium, after the use of bloodletting and antimony, is the reliable practice in the abdominal phlegmasiæ—membranous and parenchymal—enteritis especially could not be subdued without it.

Opium with ipecacuanha is another most efficient combination. The latter, by its revulsive action on the stomach, duodenum, and liver, abates the dysenteric action on the colon, and by its centrifugal tendency, revives the endermic functions, and thus becomes the specific in dysentery. But, subsequently, by union with opium, tormina and tenusmus are quickly relieved; and more recently by the addition of calomel, which removes the congestion of the portal system and re-establishes the formation of bile, a pill is formed of cal. ipecac. and opium which, with moist application of a mild sinapism to the abdomen and diet of farinaceous fluids, constitutes the treatment of this distressing and too fatal disease. To these cardinal combinations of opium may be added the Dover's powder, and others, which need no comment.

Other suggestions of the paper relate to the

administration of opium to the stomach, rectum, skin, and binding tissue. He had been advantageously taught at the Hotel de Dieu, by Dupuytren, that the rectum was to be preferred to the stomach, and that it was not necessary to augment the dose. Dr. D. regarded the most direct action of opium to be upon the ganglion system, of which he regarded the prima viæ, the esodic surface; and that the soporific influence is on perception by reflex action on the sensorium; but that when opium is directly applied to the skin or cellular tissue beneath, the action is direct on the sensorium.

With these views, he has consequently avoided the use of opium by the stomach as much as possible.

Dr. Thomas said that he regretted that the lateness of the hour would prevent a fuller discussion of this important matter. Among other points, he would like to learn the views of the members with reference to the relative quantities of opium required to produce the same effect, when administered by the skin, by the mouth, and by the rectum. Also, the comparative value of opium and the salts of morphia. And also, the propriety of administering or withholding either in diseases of the brain. These important subjects merit more than a passing consideration. It is true the gentleman who made the opening address has adopted the views of Trousseau, who declares the salts of morphia to be more prompt in their action upon the nervous system, and more decided in effect when introduced by the skin than if given by the mouth, the dose being the same. As this conclusion is contrary to the evidence of numerous observers, and opposed to the teaching of the bedside, Dr. T. could not adopt it. Nor was he prepared to coincide with the practice of Dr. C., who spoke of his habit of administering a tea-spoonful of laudanum as an injection, when he was desirous of producing an anodyne influence, and circumstances forbade its exhibition by the mouth. With every allowance for the difference in the strength of commercial opium, and as a consequence of its preparations, this dose being five to six times greater than what is ordinarily considered as the proper quantity of laudanum by the mouth, must be regarded as excessive. He has repeatedly witnessed a more decided soporific effect from an injection of forty-five drops of laudanum, than from twenty-five drops, or one grain of solid opium taken internally. He had cognizance of a case of fatal stupor occurring immediately after an enema of a table-spoonful of the tincture; but whether death was coincident from the disease, whose chief manifestation was in the form of wakefulness and nervous excitement, or whether from the remedy, must ever remain undetermined.

With reference to the relative merits of opium and the salts of morphia, he merely asked attention to the fact that the manufacturing chemists are satisfied with a yield of eight per cent. of morphia from the opium subjected to examination. Hence if this alkaloid be the sole active agent in the drug, one grain of it should equal, in efficiency, twelve and a half grains of crude opium. But as we all know that one grain of morphia, or of any of its salts, is not stronger than five or six grains of opium, the inference is obvious, that other principles endowed with activity must be present, and, consequently, the alkaloid mentioned cannot represent the entire virtues of the drug.

As regards the employment of opiates in diseases of the brain, whether idiopathic or the result of injury, Dr. T. was inclined to question the propriety of withholding them, under a fear of increasing excitement from their supposed stimulant effect. Names sometimes mislead us. The stimulation of opium in full doses is but transient, and is followed by direct, positive, and enduring sedation, which latter effect is often specially indicated in the treatment of the diseases in question. Hospital cases occasionally furnish striking confirmations of this fact, and allusion was made particularly to three cases of injury to the brain, recently under his care, in each of which blood was discharged from one or both ears, and in two the tympanic membranes were burst, with other evidences of alarming lesions from external violence. After the primary reaction had subsided in all of these patients, one-fourth of a grain of morphia, combined with three grains of extract of conium, was given every three hours for several days, with the most satisfactory result. No approach to coma was manifested, the pulse continued slow and regular, the mind and body both remained quiescent, and no appearance of delirium occurred. In due time, all recovered, the result being due, in great measure, as he believed, to the perfect rest enjoined upon the brain.

In idiopathic disease of this organ, he does not hesitate to use the same remedies, premising depletion, and combining them with the mercurials.

Dr. Morris remarked that he had hoped to-night to hear in the discussion of the therapeutic influences of opium, the views of the members with regard to the *modus operandi* of the drug, rather than the statement of the different diseases in which it might be useful. This subject, it seemed to him, might be discussed with great practical advantage, as tending to settle the much-disputed point of the stimulant or sedative qualities possessed by it. He advanced the hypothesis that opium acts directly only upon nerve-centres of sensation, producing in them a more or less complete paralysis. If we apply a solution of opium to a sentient surface, we produce in it a more or less complete local anæsthesia. If we administer it in moderately large doses this anæsthesia becomes general. No increase or diminution of motor power is observed. At first the pulse is quickened, but soon it becomes full and slow. As the narcotic influence increases, the respiration becomes evi-

dently impeded; the movements of the chest become less frequent; the aeration of the blood takes place imperfectly; the numbing influence has extended to the respiratory centres of the medulla oblongata, so that the *besoin de respirer* is no longer perceived. If this effect goes on to increase, the respiration becomes slower and slower; carbonized blood accumulates in the venous and capillary systems, engorging the brain, the lungs, liver, and heart; finally, death ensues by asphyxia. Can we fairly place this engorgement to the primary action of the drug? or is it not rather due to the depraved condition of the blood, brought about by the insensibility of the nervous-centres?

Then, again, as to the uses of opium in disease. Pain is one of the greatest exhausters of nerve-force, if not the greatest, known to us. Now, by obtunding the sensibility of the nerve-centres, we may, in many cases, prevent the undue expenditure of the powers of our patients, thus allowing these husbanded powers to be usefully applied by nature in the restoration of diseased parts. On this principle, and this alone, is to be explained the so-called alterative influence of opium in cases of chronic inflammation. Mr. Skey has called the attention of the profession to the advantage to be derived from the nightly administration of opium in cases of chronic ulcer of the leg. If we suppose that an irritation is produced by the sore, in the posterior gray matter of the spinal cord, from which an influence is sent by the anterior root *dilating* the blood-vessels of the part, as seems to be proved by recent researches, we can easily comprehend that an agent capable of allaying the irritability of the nerve-centre, will allow of the restoration of the natural calibre of the blood-vessels, and the consequent amelioration of the patient.

Adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

MILK SECRETED BY TUMORS IN THE AXILLA.

Dr. J. Harris reports, in the Savannah *Jour. of Med.*, the case of a healthy negro woman, aged 28 years, who, shortly after the birth of her third and fourth children, experienced large swellings in the axilla, which continued without interference during lactation.

The same swellings occurred after the birth of her sixth child on the appearance of the milk in the mammary glands, and with a similar sensation. During the period of this lactation the tumors were tapped, and a pint of fluid, having all the physical and chemical characteristics of milk, was evacuated. The fluid, when first examined, had an acid reaction. Under the microscope the *fat globules of milk* were apparent, and scattered through the field of view appeared the very characteristic *colostrum corpuscles*, conglomerates of fine fatty molecules, aggregated by means of a hyaline substance scarcely perceptible. No pus corpuscles were found, and, by chemical examination, the absence of pus was confirmed. Chemical examination proved the existence of all the constituents of colostrum and milk.

REVIEWS AND BOOK NOTICES.

Observations upon the Form of the Occiput in the various Races of Men.—By J. Aitken Meigs, M. D., *Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, etc. etc.*

Prof. Meigs has devoted much study to Craniology, and as the results of his labors we have an elaborate and highly interesting paper, of the above title, read before the Academy of Natural Sciences of Philadelphia, and published in its proceedings. The conclusions arrived at by Prof. Meigs, we give in extenso, because, undoubtedly, they will prove interesting to many of our readers.

"1. That the form of the human occiput is not constant. On the contrary, it varies continually in the different races and tribes of men. It varies, also, to a greater or less extent among the individuals of the same race or tribe.

"2. That the different occipital forms may be divided into five classes or groups, which are reducible, however, to three. These are, 1st. The protuberant or prominent occiput, with the upper or parietal half somewhat flattened, so as to present an inclined or shelving appearance. 2d. The vertically flattened. 3d. The inferiorily flattened or compressed, in which the basal portion of the occiput slants upwards and backwards, as is shown in a strongly marked degree, in the Sandwich Islander head, fig. 69, on page 340 of "Indigenous Races of the Earth." 4th. The round. And 5th. The globular. As the last two merge more or less into each other, and as the third form may be regarded as, in many instances, a modification of the second, these five forms may, with greater simplicity, be thrown into three groups, viz:—1st. The prominent and oval, or superiorly inclined. 2d. The perpendicularly flattened. And 3d. The more or less round or globular.

"3. That to the first of these groups belong the Norwegians, Swedes, and some other Scandinavians; the Frisians and Batavians,* among the low Germans; the Anglo-Saxons and Anglo-Americans, the form of the occiput in these being between that of the Swedes and Germans;

* See Catalogus Craniorum diversarum Gentium quæ collegit J. Van der Hoeven, p. 14.

the Celtic Irish, and some of the tribes of the ancient Britons; the Phœnicians, Circassians, Armenians, Affghans, Baluchi; some of the Egyptians and Arabs, the Fellahs, Abyssinians, and Guanchés of the Canary Isles; some of the Hindoos and Chinese; the Loo-Chooans, certain Malays; the Eskimos, Kamskatkans, Reindeer Tungus, Icelanders, Tchuktchi, Unalaschkans, some of the Kanakas, Tahitians, and others of the Sandwich Islands, Marquesans, of Nukahivah, New Zealanders, Feejeans, and most of the African tribes. Among the aboriginal Americans, this form is exhibited by the Arickarees, Assinaboins, Cherokees, Chippeways; some of the Kootenays, Creeks and Dacotas; by the Hurons, and probably the Illinois; by some of the Iroquois and most of the Lenapes; by the Mandans, Minetaris, Menominees, Miamis, Mohawks, and most of the Narragansetts, the Naticks, some of the Osages, Ottawatomies, Pawnees, and Sauks; by most of the Seminoles, by the Shawnees, Shoshone, Upsarookas, Californians, Cayugas, Cheyennes, Choctaws, Massasaugas, Mingos, Naumkeags, Mayas of Central America; by some of the Araucanians, the Charibs, Patagonians, Brazillians, Aymaras, and by some of the Ancient Mound Builders, Peruvians, and Mexicans.

"In the kumbekephalic variety of skulls, this form of occiput is often very much exaggerated, as is seen in certain ancient Cimbrian, Ostrogoth, and Burgundian heads; in some Egyptians and Celtic Irish, and in one Creek Indian skull.

"4. That of the second form of occiput, or that in which the hind-head is more or less vertically flattened, we find examples in some of the ancient inhabitants of Scandinavia; the Lapps, Samoiedes, Iberians, or Basques of the Pyrenees; the Ancient Pelasgi; Cossacks, Hungarians, Candaharians, some Arabs; one Chinese, the Siamese, some Malays and Javanese; certain tribes of the Transgangetic, or Indo-Chinese Peninsula, and occasionally among the Tahitians. To this group belong, also, the skulls of Chetimache, Natchez, Otoe, Kenehawha, Oneida, Seneca, and Puelche Indians; likewise a portion of the Kootenays, Lenapes, Miamis, Osages, Ottawas, Pottawatomies, Shoshones, Araucanians, Peruvians, and the majority of the Mound Builders.

"Examples of the inferiorly flattened modification of, or deviation from this type, are found in some of the Malays, Polynesians, &c.

"5. That the third form, in which the occiput is full and rounded, or globular, comprises the Danes, Finns, Esthonians; the short-headed Germans, whose crania, in general conformation, occupy a place between those of the Swedes and Fins; the Dutch, some tribes of the ancient Britons; the Sclaves, Turks, Greeks, Romons, Etruscans, Persians, ancient Assyrians, some of the Egyptians, Hebrews, Copts, Hindoos; some of the Chinese, Japanese, Burmese, Malays; the Kalmucks, Burats, and some of the Kanakas. To this group belong, of the American Indians, the Ottigamies, Penobscots, Winnebagos, Ymasees, Chemasyans, Euchees, Nanticokes, Pocassets, Quinnipiacks, or Mohegans, and a portion of the Cheyennes, Creeks, Dacotas, Iroquois, Narragansets, Pawnees, Pottawotimies, Sauks, Seminoles, Araucanians, Peruvians, and Mound Builders.

"6. That the shelving or oval form of the occiput is most common in the doiichokephalic heads, and as these predominate in number over the brachykephalic, it is the most common form of all. Next comes the round or globular, and lastly the vertically flat—both these forms prevailing in the brachykephalæ.

"7. That there is a marked tendency of these forms to graduate into each other, more or less insensibly. None of these forms can be said to belong exclusively to any race or tribe. None of them, therefore, can be regarded as strictly typical, for, a character or form, to be truly typical, should be exclusive and constant."

The Pocket Anatomist: Being a Complete Description of the Anatomy of the Human Body, for the use of Students. By M. W. Hilles, *formerly Lecturer on Anatomy and Physiology at the Westminster Hospital School of Medicine, etc. Philadelphia:* Lindsay & Blakiston, 1860.

Little books have always been popular with students. The idea of saving time by grasping in a brief space a subject, without laboring through a detail of the matter, seems to be a delightful illusion to the tyro. The science of anatomy presented in a brochure, which may be carried in the breeches pocket, seems much less formidable to him than when spread out through ponderous volumes. Still, we believe, that the demand for such compends by students is sufficient evidence of their practical usefulness, and that if kept to their proper uses, for ready reference and as remembrances always at hand, their utility cannot be questioned.

Anatomy being that department which most taxes the memory of the student, such a remembrancer as the present may be a valuable aid to beginners.

The compiler of it is well known as a writer and an anatomist, and his work on regional anatomy, also, an abridgement, is really a very excellent work.

The work is exceedingly condensed, yet as explicit as could be accomplished in the limited space.

——o——

Experience fully warrants the inference that mercury is a general stimulant to all those functions of organic life which are performed under the innervation of the ganglia of the sympathetic system. It is probable that its action is upon these ganglia. Thus, mercury tends to diffuse and equalize secretion, and the circulation of the blood, aiding, in this way, to break up local congestions and inflammations.—*Hartshorne's Medical Principles.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 3, 1860.

WHAT IS OUR DUTY?

It is but a few days ago that a physician in active practice, in a city between Philadelphia and New York, told us that he was called a short time since to see a woman in labor, and bring along his forceps, as the midwife in attendance had pronounced the head "locked." He went, and upon his arrival at the patient's house found a "Doctor"—one who goes by that name, but in reality an ignorant barber—and a midwife, in attendance, who both assured him that the patient had been in labor for three days, with the head "locked." On examination, it was found that the woman was not pregnant at all, and that the "locked head" of the fœtus was simply a somewhat hardened os uteri. It was only because the barber-quack in this instance had no suitable forceps that he did not "*deliver.*" What injury he might have done, had he been in possession of forceps, whether the woman would have had her uterus literally torn out of her body, or might have escaped with half a dozen recto- and vesico-vaginal fistulas, is impossible to tell.

In another instance, "a plaster-quack," who afterwards was honored by the diploma of a regular medical college, treated a case of dislocated jaws, and another of dislocated shoulder, by putting his universal healing salve over the respective parts, saying that it would draw the bones in their places.

We have chosen two of the most striking examples of this kind, which could easily be multiplied by hundreds, and which happen all over the country, as a text for some remarks upon the duties of the medical profession in preventing the people from becoming the victims of the miserable pretenders who infest our cities and towns from one end of the Union to the other.

In speaking, however, of the duty of the profession in view of the dangers which arise to the public health from the unlimited sway which these pretenders have, and in view of the laxity with which the laws are executed, where laws exist, preventing the ignorant quack from medling with the life and health of the community, at the outset we are often met with the objection, that the profession is liable to the charge of engaging in a personal warfare with these pretenders. Indeed, not only among ignorant fools without, but within our ranks, among those who are timid beyond all forbearance, we hear the cry of *persecution*, PERSECUTION! as soon as an effort is made to bring the criminal recklessness or mean cupidity of quacks either before the bars of justice or the forum of public opinion.

A noteworthy example of this kind, and one which it is our duty as journalists to mention, because it illustrates the sentiment pervading, to a slight extent we hope, the profession, happened within a short time in a county medical society of a neighboring State. The facts of the case are simple. There are members of that society who are engaged in the drug-business and the sale of quack medicines and nostrums. Efforts had been made for years to rid the society of members who thus openly violated the code under which they were members, under which they sent delegates to the State Medical Society and to the American Medical Association. The matter, after being dragged through several meetings, came up for a final decision, and resolutions, declaring that hereafter no one engaged in the traffic of quack medicines should be admitted, *were voted down.*

It is not our purpose to go behind the vote and the facts in the case. This society cannot hereafter consistently send delegates to the American Medical Association, or its delegates be received by that body, whose code they have deliberately annulled by a formal vote. And yet we do not accuse the society nor any of its members of being advocates of the traffic, with the exception of those who are directly concerned in it. We refer to the matter to show how, with the best motives, men may be misguided by too much timidity, and do injustice to themselves.

The public will never come to look upon quackery intelligently, unless the profession cut off all alliance with it in every shape, way, or

manner. To this end it is necessary that the American Medical Association should keep a strict watch upon its constituents, and as soon as that body shall have created its own standard of medical education and respectability, necessary for admission as a member, and its membership be expressed in some formal title, the confusion of "Doctors," at present so disastrous to the true interests of the profession, will cease to reign. The profession is waking up to the necessity of this step first advocated in the Reporter, and adopted by the oldest medical society in the United States, and we are convinced the day will not be far off when the title of "Doctor" will be supplanted by one more honorable and less questionable than the former in the present confusion, and originating from a better source than it often does now; and, to contribute to this end, we consider the duty of every member of the profession who takes interest in its welfare.

THE PHILADELPHIA HOSPITAL.

We observe that the clinics at this hospital are well attended. There is ample material here for a very thorough course of clinical instruction, and we doubt not that the able physicians, and surgeons, on whom devolve the duty of lecturing to the class, will give a course that will be creditable to themselves, and the institution, and profitable to the large class in attendance.

Dr. Agnew has been appointed curator of the Pathological Museum lately established in connection with the hospital. He will have opportunities, which he will gladly avail himself of, to do much to advance the interests of pathological science.

There is, also, a very valuable library connected with this hospital, containing several thousand volumes, many of which have been carefully studied by some of the brightest lights that now adorn our profession in this country. During the dark ages, from which this institution has lately happily emerged, this library was almost totally neglected. With the exception of one or two years, the annual appropriation made to replenish the library and keep it in order, has, for many years been diverted into other channels, and it has consequently fallen behind-hand in regard to a supply of modern works on medical science. We are glad, however, to learn that the present librarian is endeavoring to make up these deficiencies, and hope that this valuable library will re-assume the rank which it once held. We commend it to the notice of our readers, and hope that they will, as opportunity offers, contribute to its collection surplus volumes from their own shelves.

MORTALITY STATISTICS.

In St. Louis, for the week ending Oct. 20th, *twenty* deaths are recorded as having occurred from diphtheria, out of the whole number of 113. This gives a little over 17 per cent., and coincides with reports which have reached us otherwise, of the fearful severity with which the disease is spreading in some parts of the Western States, especially Illinois and Missouri. In New York and Philadelphia, the mortality reports show a decrease in this disease, and an increase of scarlatina for the last few weeks.

Among the deaths in Charleston is included one which, in the report sent us, is termed a "visitation of God." We have been unable to discover this in any of our nosological systems, and were hence obliged to throw it among the unknown causes.

SPIRIT OF THE MEDICAL PRESS.

The leader in the London *Lancet* of October 13th is devoted to a consideration of the adulteration act and its results, from which it appears that the act has achieved something in the way of rendering adulterations in food and drink less frequent than formerly, though the government officials appear to look upon it rather in the light of a measure of revenue, than as a sanitary measure. Hopes are entertained, however, that the medical officers of health will gradually extend its influence so as to render it still more effective for the protection of the public.

The same journal comments upon the medical management of the Insane Department of

the Melbourne General Hospital. It seems that a committee was appointed to investigate the management of the institution. We are informed, says the *Lancet*, Dr. McCrea insisted that in former years the patients died from "plethora," or, at any rate, that they had more food than was good for them. Dr. Bowie, on the other hand, maintained that the inmates are now suffering from the effects of starvation. It seems that Drs. McCrea and Bowie have been engaged in discussing their difference of opinion in the public prints, and illustrated what a Melbourne paper calls their "well-known incompatibility of temper." A compromise was, however, finally made, and there is no longer danger of the patients being fed up to apoplexy or down to starvation.

Correspondence.

EUROPEAN CORRESPONDENCE.

Gas-Leakage in London—St. Bartholomew's Hospital—The Operating Room—Uncomfortable Arrangements.

London, Friday, Oct. 12, 1860.

Editors of Medical and Surgical Reporter:

Gentlemen:—In looking over your journal a few weeks ago, I noticed an observation on the London gas, which referred to its bad odor. To this I can bear witness; indeed, at the present moment, the room where I am writing is rendered extremely disagreeable by it. I notice it even now, after having been in it for some time; but, in entering from the fresh air, it seems almost insupportable.

I have improved my brief sojourn in London, this time, by a visit to St. Bartholomew's Hospital, that oldest and richest, as well as largest, of all the London hospitals. It is situated near St. Paul's Cathedral, in the very centre of the city, and it is by the improvement and immense rise in value of the ground, belonging to it, that it enjoys its present wealth.

There are three entrances to the hospital, between which are houses not belonging to it, for the buildings composing it are mostly at a little distance from the street, and I suppose they consider the value of land as too great, to warrant them in wasting any space. I had a little difficulty at first in getting admission, as I went unprovided with any letter of introduction. At the first gate the porter absolutely refused me admission; but at last, on my showing him my card and asking him to let me see some of the surgeons or physicians, he referred me to another one of the three entrances. At this entrance I was sent back to the first; but on my way back, seeing a large carriage way leading into the centre of the buildings, I attempted entrance by it, and found nobody to stand in my way. One of the officials, standing near, pointed out to me the way to the museum, and also that to the lecture-rooms.

In the museum I saw a very fine collection, illustrative of the materia medica—the finest, by far, that I have seen yet in Great Britain; it appeared to be very complete.

The operating theatre had no seats, being in that respect like that of Guy's Hospital, which I have already described. The students all stand during the operations, being able to rest themselves a little by leaning against an iron railing, which is in front of every high step.

Although my visit was not paid on the regular operating day, yet I witnessed an operation, viz: the amputation of a cancerous mammary gland in a woman of apparently about 60 years. The operator was Mr. Lloyd.

In three places on the walls of the small room in which the operation took place, I observed, printed in large capitals, the most strict injunctions to preserve silence—injunctions which were followed, as far as I observed, by but one person in the room, and that one was the operator, who did not open his lips to give the least information about the case or the operation. A dozen or two students attended the operation, and departed immediately after it was over without waiting to see the dressing. I thought, probably, that the reason nothing was said about the patient was, that the students were already well informed about it, but it was not so, for one, to whom I put a question concerning the nature of the tumor, professed his entire ignorance of the case, only saying that he supposed it was carcinomatous; and I found, from an observation of another student, which I was near enough to overhear, that *he* likewise knew nothing about it.

The manner of administering the chloroform to the patient, was simply by pouring a measured quantity on a rag and holding it just over the nose and mouth. What was apparently a little oil or glycerine was previously rubbed with the finger around the mouth, with the object, as I supposed, of preventing any irritation of the skin by the contact of the chloroform.

As regards the dressing of the wound, the only thing which I observed remarkable was the great breadth of the strips of sticking plaster used, apparently nearly two inches wide. They were heated by tin cans of hot water, which custom has not been varied from where I have been, with the single exception of Edinburgh, where they were heated by passing them close to a hot iron just removed from the fire, and so placed in a rest that the strips could be drawn rapidly close to it, and without any danger of contact.

To-morrow I hope to witness some more operations at the same hospital, on the regular clinic day.

Very truly yours,

M. D. Abroad.

Schools in New York—Dead House Lectures—Curious Case of Tubercular Deposit—Sanitary Matters.

New York, Oct. 30th.

The course of lectures in the medical schools of this city are now fairly under way, and, as far as can be judged at present, the classes are large. The College of Physicians and Surgeons, or, as it must now be called, "Columbia Medical College," has a larger number of matriculants than it had at any session since its existence. The University Medical College is, I understand, similarly favored. Of the New York Medical College I cannot speak positively regarding numbers, though with the energy of its faculty there seems to be a good prospect of success.

In reference to the subject of medical education in this city, allow me to remark that the importance of clinical and hospital teaching is more and more appreciated, and great efforts are made to render the opportunities which the institutions of our city offer more available than they have been hitherto.

I was very much struck with the improvements that have been made at the Bellevue Hospital. One of the most interesting features which I witnessed the other day, was what might be called a "dead house lecture." Professor Alonzo Clark, whose zeal in pathological research is too well known to need your correspondent's encomium, has been in the habit for a few years past of superintending the most important autopsies in the presence of the students. While the autopsy is made by the assistants, the Professor keeps up a running discourse on the nature of the disease, demonstrating its morbid anatomy in the various pathological changes which the organs may have undergone. This enables the student not only to see for himself, but, under the guidance of so able a teacher, he readily acquires a knowledge of what to look for in autopsies—how to establish a connection between symptoms and anatomical changes. It must be acknowledged that such a course cannot but be of immense value to the students, and I was pleased to see on my recent visit that it is appreciated by them.

At the occasion referred to, quite a curious pathological condition was found in one of the autopsies. The patient had cirrhosis of the liver, with its usual concomitants of serous effusion in the abdominal and thoracic cavity. A few days before his death, he had had hæmatemesis, the result of obstruction in the portal circulation, the patient vomiting at one time nearly a quart of blood.

The ascending colon was found firmly adherent to the abdominal parieties by a patch of false membrane; upon and within this adventitious material, numerous tubercular masses were found deposited of various size. No tubercular deposit could be detected in the lungs or elsewhere.

The points of interest in the case is the occurrence of tubercle in a mass of adventitious false membrane, with apparently no tubercular diathesis, at least the absence of similar deposits in the lungs or mesenteric glands.

It seems, then, that not only all the normal tissues of the body are liable to become the seat of tubercular disease, but that it may occur even in false membrane.

In sanitary circles great efforts are made to secure the much-needed reforms in sanitary matters in the metropolis, and it is to be hoped that the disgraceful legislative briberies, by which the sanitary bill was slaughtered last year, will not recur.

Otherwise there is nothing very stirring going on in medical matters. The medical profession was, of course, represented at the Prince's ball, and *on dit* that one of the sons of Esculapius, present, did the honors to the Duke in the most approved Windsor Castle style, and felt the pulse of His Highness.

Yours, Gotham, Jr.

NEWS AND MISCELLANY.

Dr. Carson's Mode of Slaughtering Cattle.—About twenty years ago, my father, the late Dr. Carson, took out a patent for a new method of slaughtering animals, based upon the physiological doctrines promulgated by him in his "Enquiry," published in 1833. Shortly after the patent was acquired, my father fell into bad health, and, as great prejudice against the method existed, by the advice of my brother, who was then a rising young physician, although he quite approved of the principle, the patent was allowed to lapse, without his family deriving any advantage from it. Being so thoroughly convinced of the superiority of the meat killed by this mode, I have occasionally, since my father's death, had sheep, calves, lambs, and pigs slain in this way, and for nearly two years my butcher has constantly killed these smaller animals. I have not allowed him to attempt the slaughter of oxen, for which indeed he has not suitable tackle; but this man now kills with the greatest facility the animals I have mentioned. Every one who partakes of the meat admits its superiority in flavor, in tenderness and juiciness. It keeps longer than meat killed in the ordinary way, it cures admirably, and is without doubt more nutritious. A number of scientific men in London have tasted it,

and they have all expressed to me their great approbation of it, but I am not at liberty at present to publish their names. The first process in killing is by collapsion of the lung, which can be done in from about twenty to thirty seconds, and immediately afterwards, to facilitate death, to destroy irritabilily by cutting the spinal cord. The animal dies immediately, and in the operation only a few drops of blood are lost, In dressing, the only blood which flows away is venous; it is dark as pitch; it soon coagulates and becomes a solid mass, and is perfectly free from serosity. About one-half more of the blood, and all the finer juices are retained by this process, than in animals slaughtered in the ordinary manner—in sheep perhaps three pounds' weight and in an ox as much as twenty.

In seeing the butcher dress the animal, the inquiring and thinking physiologist will be particularly struck with the appearance of the bowels and viscera, the veins and arteries of which resemble red netted work, and which in the ordinary mode of slaughtering are perfectly blanched. The operation, though exceedingly simple, requires a little practice, and if attempted by an unskilled person may end in failure. My butcher suspends the animal by the fore feet, the carcass being quite off the ground; and the hind feet are fastened to a ring in the floor to keep the animal steady. He then makes an incision into the chest with a scalpel on each side, between the fifth and sixth ribs, after which you hear the air distinctly rushing into the chest. But in order to make the collapse as complete as possible, I have made the man use large elastic enema bags with a valve. The operation with him is now perfectly successful, and he never makes a mistake. I am not a medical man myself, and although well acquainted with the physiological views of my late parent, I am not able to discuss this subject with the eminent physiologists of the present day, but of the superiority of this over the ordinary practice I have not the least doubt.—*Lancet.*

The State of Health in Syria.—The Syrian correspondent of the New York *World*, under date of Beirut, Sept. 27, gives some interesting facts regarding the ill state of health in those regions, especially of the people at Damascus. They are crowded into houses without furniture, comfort, or conveniences. The sickness among them has increased to a frightful degree, and is increasing to such extent, that the A. A. R. Committee have taken up the subject of sending medical aid to Damascus as soon as possible. It is proposed to ask of the London Syrian Relief Committee donations of *medicines* and apothecaries' apparatus, and obtain physicians from the Levant, if possible, to avoid the expense of bringing physicians from England. The Greek government has sent out three physicians to Syria to aid the sufferers, and it is hoped that one of them may be induced to go to Damascus. Dr. John Wortabet, a native physician, and Dr. Meshullam, of Jerusalem, are also proposed for this service, and it is thought that the French commander will consent to detail at least one of the medical staff for a few months, to go to Damascus. The hospital in Beirut, under the charge of Dr. Van Dyck, has been fitted up and supported at a very moderate expense, and with the aid and experience of Dr. Meshaka, of Damascus, it is probable that a similar establishment may be prepared in Damascus, at a reasonable cost to the committee.

The Turks have done absolutely nothing for the sanitary condition of Damascus, and even here in Beirut the Relief Committee are about employing twenty men to sweep the streets, as the government will not do it. Yesterday we were all shocked and amazed to hear of the increasing mortality among the refugees in Beirut. The government provided quarters in the quarantine grounds for about 2,500 of the widows and orphans from Deir el Komr, and Hasbeiya, etc. Now we hear that *out of* 600 *children who were in that company, about* 100 *have died!* A committee has been appointed consisting of Mr. Cyril Graham and Dr. Van Dyck, to visit the quarantine at once, and report upon the condition of affairs, and, also, do what can be done to save those who remain. Rev. Mr. Ford reports from Sidon that, but for the vigilance of the Sidon Auxiliary Relief Committee, there would have been very great suffering among the Christian refugees under the care of the government in Sidon. Rev. Mr. Lyons writes from Tripoli that he is about starting for Baalbec, in company with Mr. Yanni, for the purpose of distributing charity furnished by the committee to the sufferers in that vicinity.

The condition of the Damascanes now in Beirut is deplorable. They have been accustomed to every comfort, and many of them to the most luxurious living, and now they are lodging in old khans, packed together without beds or mats, and with little covering, and some of the ladies, who have visited their places of temporary abode, represent their condition as most wretched. Yesterday, Sept. 26, clothing to the value of eight hundred dollars, was distributed to them, and the eagerness with which they crowded around the stand of the distributors amounted almost to fury.

Gas Leakage.—The leakage of gas under ground, which, in the city of London, has been receiving some sanitary consideration, is said to be becoming a similar evil in Philadelphia. The rendering of the general atmosphere unhealthy, making basement rooms uninhabitable, and causing the moisture of the soil to become corrosive fluid, which destroys the water pipes, are some of the evils which, in London, have already appeared.

The leakage in Philadelphia, in 1850, amounted to little over one per cent. of the

whole amount made, and was 2,916,826 cubic feet. In 1858, it had risen to over 35,000,000 cubic feet, or eight per cent. of the whole product. The following year the leakage had again nearly doubled, and is stated at 68,000,000 of cubic feet, or twelve per cent. of the whole amount. It will thus be seen that the leakage is not increasing in proportion to the increased manufacture, but in a greatly faster ratio, so that in nine years it has augmented to twenty-three times the amount which escaped in 1850.

In the city proper of London, the leakage is stated at 25,000,000 cubic feet; in the entire metropolis, at 386,000,000. Estimating the population of the English metropolis at four times that of our city, our leakage should be, to represent an exact proportion, 96,500,000, an amount which it will reach this year or next, so that we have every prospect of seeing all the mischiefs which are now experienced in London repeated here.

The remedy for this must be found in greater exactness of joints; either much greater care must be exercised in carrying out the present mode of joining, or some entirely new system must be adopted. Apart from considerations of health, which are those which we would chiefly urge, let us look at the effect upon municipal expenses.

It is asserted that the cost of producing gas amounts so nearly to that obtained for it that reduction in price is impossible. The loss, therefore, of 68,000,000 cubic feet, at $2 25, is a loss to the city of $158,000 per annum. If the increase this year shows the same proportion as hitherto, the loss will amount to $300,000 for 1860, and go on rapidly increasing in future years. To this must be added a heavy expense, caused by deterioration of water pipes, the effect of which will probably become evident in a few years.

Arsenical Waters.—A stream called Whitbeck, in England, rising in the Blackcombe Mountains, in West Cumberland, contains arsenic in determinable quantity. The arsenic is most probably derived from veins of arsenical cobalt ore, through which it percolates; for a few yards above the source there is the entrance of a mine which is very rich in arsenical ore. The arsenical water is habitually used for every purpose by the inhabitants of the little village of Whitbeck, and with beneficial results so apparent that one might be justified in paradoxically characterizing it as a very wholesome poison, the deadly elements in dilution being productive of the most sanatary effects. Ducks will not live if confined to the Whitbeck, and, while trout abound in all the neighboring rivulets, no fins are ever found in the arsenicated stream. But its use by the villagers does not give rise to any symptoms of arsenical poisoning, but rather to the effects which are observed in Styria among the arsenic-eaters there. When the railway was being carried past Whitbeck, the first use of the water produced the usual marked effects on the throats both of the men and horses employed on the works. The soreness of mouth, from which they at first suffered, soon, however, disappeared, and the horses soon attained the sleakness of coat assigned as one of the effects produced by the administration of minute but repeated doses of arsenic. It is a question how far the rosy looks of the Whitbeck children, and the old age which a large proportion of the inhabitants of the village attain, are to be attributed to the arsenic present in the water.

Vacancy.—The lamented death of the late Dr. John Wiltbanks, formerly Professor of Obstetrics and the Diseases of Women and Children in the medical department of Pennsylvania College, has created a vacancy in the *obstetrical* staff of the *Episcopal Hospital*, which, we presume, the energetic Board of Managers will fill at an early period. The new building, which has been under contract since early last spring, and which is in the Norman style of architecture, "modified to suit the purpose and character of the edifice," is rapidly progressing, and will be, when completed, the largest and best arranged hospital in this city. Its outline is in imitation of the "Parisian *Hôpital Lariboisière*, of European celebrity." The length of the entire building will be two hundred and fifty-eight feet; its greatest depth about two hundred and fifty-six feet, and portions of it will be three stories high. This institution, when fully endowed, (which, from present indications, it promises soon to be,) will be an enduring monument to the philanthropy and liberality of the membership of the church under whose auspices it is established, and will be highly ornamental to that section of the city where it is located.

Under these circumstances, the position vacated in its obstetrical staff cannot fail to command the services of the best men in the professsion.

Ball and Banquet in aid of the "Jews' Hospital."—The Directors of the Jews' Hospital in New York, which is situated at Nos. 138 and 140 West Twenty-eighth street, held a banquet and ball which took place Tuesday evening, at the City Assembly Rooms, No. 446 Broadway, at half-past 5 o'clock P. M., in aid of the funds of the hospital. The institution was opened for the reception of patients in June, 1855; since which time over twelve hundred patients have been admitted, and the greater part of them treated gratuitously, without aid from State or municipal governments. The funds are now exhausted, and the directors took this mode to call upon their friends and supporters of the hospital for assistance. The festival yielded over $12,000.

The Total Amount of ingesta and egesta for twenty-four hours is, according to Prof. Dalton, (Lectures on the Physiology of the Circulation, *Amer. Med. Monthly,*) not less than six pounds and a half, as follows:—

Absorbed during twenty-four hours.

Oxygen,	1.019 lbs.
Water,	4.275 "
Albuminous matter,	.340 "
Starch,	.590 "
Fat,	.220 "
Salts,	.056 "
	6.500 "

Discharged during twenty-four hours.

Carbonic acid,	1.535 lbs.
Aqueous vapor,	0.445 "
Perspiration,	1.965 "
Water of the urine,	2.020 "
Urea and salts,	.150 "
Fæces,	.385 "
	6.500 "

A New Cure for Consumption.—Dr. Guirette, of Lyons, has been recently engaged, at the Höspital de la Charité, Paris, in a series of experiments, testing the value of a new treatment for the radical cure of pulmonary consumption during the suppurative stage. The Paris correspondent of the *Lancet* says it "consists in the establishment of a fistulous opening through the integuments of the thorax and the pleura into the lung at the diseased part, and in the free admission of air into the cavity of the abscess, which at the same time discharges its contents externally." Several cases have been experimented upon with favorable resuls.—*Columbus Review.*

Stearate of Iron.—This remedy has been found very useful by Ricord in the treatment of the sores with which his name is particularly associated. Some persons may wish to give it a trial in this country, so we extract the formula for its preparation:—Take of sulphate of iron, one part; hard soap, two parts. Dissolve them separately in about three times the weight of water, and mix the solution. A greenish precipitate is the result, which is separated and dried, and then melted by a gentle heat. When melted, it is spread on cloth, like an ordinary plaster.—*Columbus Review.*

Suppositories.—This form of medication, since the butter of cacao has been adopted as its component material, has become very popular. Such suppositories, containing articles usually prescribed, as opium, morphia, tannin, santonine, etc., are kept ready made in great variety, or are prepared to order, by Mr. Hubbell, Chestnut street, or Mr. Arend, at Eighth and Poplar streets, in this city.

Bone-Setters in France.—A child of fifteen months, in the department of Mayenne, lately fell from its sister's arms and injured one of the lower extremities. A bone-setter was called in, who handled the limb rather roughly, declared the thigh-bone was broken, and that he had set it. He then tied a handkerchief, moistened with soap and water, round it, and promised to return in a fortnight, receiving 13*s.* for his trouble. The man, however, did not again make his appearance, and a regular practitioner being called in, he found large abscesses with the fragments of the femur projecting from them when opened. Several months were necessary to obtain union, with considerable shortening. The bone-setter was then sued by the father, and the verdict was as follows:—A fortnight's imprisonment, £8 fine, £40 damages, and the costs of the medical attendance upon the child. —*London Lancet.*

Sir Humphrey Davy at Fault.—When it was first proposed to light London with gas, it is said Sir Humphrey Davy gave his opinion against its practicability, solely on the ground of the impossibility of keeping the joints of the pipes from leaking. This great chemist was very deficient in mechanical talent, and was seldom able to make a tight joint for his pneumatic experiments; hence the cause of his opinion. Faraday, who became his assistant, being an excellent mechanic, soon showed him how easy it was to make tight joints for gas-pipes.

Episcopal Hospital.—At a late meeting of the Board of Managers of the "Hospital of the Protestant Episcopal Church" in that city, A. Dallas Bache, M. D., was elected Resident Physician for one year in the place of Dr. H. L. Tilton, whose term had just expired, and with whose reports of a number of interesting cases, which occurred in that institution during the past year, our readers must be familiar.

Homeopathy in France.—The Paris correspondent of the *World* newspaper says that a professorship of homœopathy will probably shortly be established at Lyons and in the other medical schools, through the "benevolent" interference of the Empress Eugene and her husband. There will be no such thing. The idées Napoleoniques are anything but infinitesimal.

Albany Medical College.—We are glad to learn that this school is in a flourishing condition. It has an excellent corps of professors, who are devoting themselves with earnestness to the work of teaching. There is connected with it a very excellent museum, one that will compare favorably with those of the larger schools of our principal cities.

"Declined" Lives.—A life-assurance office declines an offer of business when not quite satisfied regarding the present health or general constitutional condition of the person offering it. Practically, perhaps a fifth, or even a fourth, of the persons applying to get their lives insured are unable to stand the investigation made into their state of health, and become, accordingly, "declined lives." We find that one of the greater offices—the *Royal*—of which the central seat is, we believe, at Liverpool—has lately instituted an inquiry into the subsequent history of a large proportion of its "declined lives," and ascertained that their mortality, as compared with that of the accepted, has been for ages between 30 and 40, in the ratio of 34 to ·896, or about 3½ to 1. Had the lives of that kind rejected during the last five years by the Royal, been accepted, the mortality would have been 225 per cent. in excess of the tables, and the claims 319 per cent. above the amount expected; by which, of course, the accumulations made by the healthy would have suffered a serious deduction.—*Chambers' Journal.*

Elevated Playgrounds.—The difficulty of obtaining sufficient area for grounds for recreation of the children at the English parochial schools has suggested the idea of constructing playgrounds on the roofs of buildings. This has actually been successfully accomplished in the parish of St. Giles, which is the most crowded and unhealthy part of London. The idea, although at first startling, seems to be really a very practicable one, and is perhaps applicable to private residences, as well as crowded schools and asylums. The atmosphere of a city is certainly purer at an elevation, and, with proper precautions for safety, the pale and cachectic inhabitants of eleemosynary institutions, and the toiling thousands in factories might thus have a convenient opportunity of enjoying exercise with the blessings of sunshine and fresh air.

Physical Influence of the Metals.—The *British and Foreign Medico Chir. Review*, in an article on the action of medicines on the mental faculties, says, that "arsenic has a tendency to induce depression of spirits, while the preparation of gold serves to elevate and excite them."

We believe that the best way of preparing the latter for raising the spirits is by coining it, and thus influencing the circulation, and that the former is more frequently and unfortunately the resort for obtaining a perpetual quietus to low spirits than a cause of the depression.

It is said that invalid soldiers, who have lost their arms in battle, abound so in Paris, that an old woman makes a living in winter by going about wiping their noses for them. She calls herself *Mouchese des Invalides.* She does a thriving business in chilly, windy weather, but has dull times when it is pleasant.

Asylum for Inebriates.—The Medical Society of Virginia have appointed a committee to apply to the next Legislature of that State for a charter for a house of refuge for inebriates. There are only three similar institutions in the United States, one of these is located in Boston, and has been in operation for three years past: one in Baltimore, and one now building in Binghampton, N. Y., toward the completion of which the Legislature of that State has appropriated $150,000. When we are to have a similar institution here, does not seem very apparent. Our "House of Correction," which, when built, will probably embrace within its charitable folds, the poor inebriate, has as yet no vitality.

Third Dentition.—Mr. Carre recently reported, at the Société de Biologie of Paris, the case of a woman, aged eighty-five, in remarkably good health, who after experiencing some pain in the gum had a left upper canine tooth to appear. At intervals of some months, the second incisor on the left side of the upper jaw, and the first bicuspids in the upper and lower jaws, on the right side, appeared.

London Orthopædic Hospital.—At the half-yearly Court of Governors, it appeared, from the report, that the number of patients admitted during the half year was 778. The funds were still inadequate, and 200 cases were waiting admission. The mortgage debt of £6,000 entailed an annual charge of nearly £300.

Another Harmless Ingurgitation of a whole Homœopathic Pharmacy.—The children of an inhabitant of Erfurth, in Germany, having discovered their father's homœopathic pharmacy, swallowed all the globules of opium, arsenic, belladonna, &c., without the least unpleasant effects.

Suicide.—A most curious case of suicide occurred recently at East Flamboro, C. W., a man burning himself literally to death, by sitting on a burning pile of sticks. He was at the time insane.

Medicated Vapor Baths.—Practitioners will notice, by an advertisement, that an establishment for administering sulphur and medicated vapor baths *exclusively to females* has been opened in this city.

In an essay on Artificial Lactation, read before the Indiana State Medical Society, the substitution of sugar of milk for ordinary sugar in the preparation of cow's milk for infants is recommended.

A Nut for the Credulous.—The *Dublin Medical Press* says that rheumatism may be kept at bay for any length of time by carrying a little bottle of quicksilver in the breeches pocket.

Births and Deaths in New York City.—If the official returns of births in New York are correct, they are scarcely in excess over the deaths.

On the 1st of June last, Col. Delavan, City Inspector, commenced keeping a record of births and marriages occurring in this city. As returned to the City Inspector's office, the number of births since the 1st of June has been as follows:—

June,	1,323
July,	1,225
August,	1,273
September,	1,333
Total,	5,153

The average number of births, according to those returns, is 1,288 per month; while, according to the published mortality statistics, the deaths average about 1,200 per month, which does not include the still-born. It seems from these data, (which, for humanity's sake, we hope to be incorrect,) that the growth of New York is entirely due to influx from without, which, if shut off, would at once lead to an actual decrease in the population. It is important that light should be thrown on this important matter, and nothing but a stringent registry law can accomplish this.

The Catalogue of the Atlantic (Ga.) Medical College shows 159 matriculates for the session of 1860, and 59 graduates for 1859.

The Catalogue of the St. Louis Medical College for 1860 shows 146 students and 51 graduates.

Dr. Hayes' Expedition.—The Arctic exploring expedition, under Dr. Hayes, has safely arrived at Upernavik, in Greenland. The intelligence was received through the U. S. Consul at Copenhagen.

Quack Advertisements.—A few days ago two quacks in this city were arrested, and bound over on a charge of circulating indecent pamphlets.

The *Inquirer* improves the opportunity to make the following sensible remarks in its editorial columns:

"We are glad to see that at last a movement has been made towards arresting this loathsome practice; and we sincerely trust that if guilt can be brought home to the parties now under arrest, condign punishment may cause them at least to hesitate before they again seek to enrich themselves by corrupting the health and morals of society.

"What we particularly wish, however, to call public attention to at present, is the fact that there are respectable newspapers in this and other communities willing to publish, as advertisements, copious extracts from the very books which have just brought their authors and circulators into intimate acquaintance with the criminal jurisprudence of the country. It is rather inconsistent, after reading a column or two of vapid morality, printed in very bad type and on very dirty paper, (as though to drive readers away from what the journalist esteems a formal concession to the prejudices of society,) to find in another portion of the same paper the revolting advertisements of quacks, spread with all the attractiveness that large type and prominent positions can give them. We have no intention to palliate the offence with which these people are charged, and regret much that the progress of judicial refinement has done away with the pillory and whipping at the cart's tail for such reckless disregard of public morality. But, whatever may be the punishment meted out to vulgar, ignorant, and depraved men offending in this way, it should be much more severe for those journalists, who, without the quack's excuse of brutal ignorance, distribute, for the sake of a few dollars, a thousand copies of the pollution, to every one, which, without their aid, would ever be successfully brought to public attention."

To all of which we say amen!

Free School for the Blind.—Through the efforts of Dr. Byron Morrill a free school for the blind has been established in Maine. Dr. M. has visited all the institutions for the blind in the United States, and confidently believes, from close observation and experience in the matter, that the system of educating these children may be greatly improved upon; also the expenses greatly diminished. He has succeeded, by private donations, in establishing the school, and it is to be hoped that Government will assist in sustaining it. It is proposed to give the blind a good practical education, thereby enabling them to earn their own livelihood, either by some mechanical trade, or as teachers of music, for they are getting to be preferred as teachers of this science to any other class.

Statistics of Imbecility.—It is estimated that in England and Wales there are not fewer than 12,000 persons of all ages belonging to the imbecile class. Of these, 2,500 may be regarded as suitable subjects for school training: provision exists for only 600. In Scotland, special inquiries have proved that there are about 3,000 persons in the general class of imbeciles, and 600 of these are assumed to be of a youthful age and capable of improvement: provision exists for only 36. In Ireland there were, in 1851, 4,906 imbeciles; for the educable portion of which no provision whatever exists. We have in England establishments at Red Hill and at Essex Hall, Colchester: the former with 306 inmates, and an annual expenditure of £16,000; and the latter with 30 inmates, and a revenue of £1,700. At Bath, also, an institution has been in operation on a limited scale, since 1846. In Scotland, an asylum for idiots has been established for some years at Baldovan, near

Dundee. In Edinburgh, the Society for the education of the Imbecile in Scotland has charged itself with the diffusion of information on this subject, and the furtherance of the work. The present provision for these unfortunates is lamentably deficient, and contrasts unfavorably with the state of things abroad. Dr. Brodie, who is urging the case of the imbecile in the United Kingdom, points out that in Switzerland, France, Prussia, Austria, Bavaria, Piedmont, Denmark, and in six or more of the States of America, the State has charged itself with their care and treatment, and liberal provision has been made for their peculiar necessities.—*Lancet.*

Absorption of Nitrogen by Plants.—The investigations of Professor Pugh, of Pennsylvania, on the assimilation of gaseous nitrogen by plants, presented before the Scientific Convention at its late meeting, showing decisively that no assimilation of the free nitrogen of the atmosphere takes place, have been confirmed by a recent communication to the *Chemical News*, ("On the Sources of the Nitrogen of Plants,") by Dr. Charles Cameron, who is satisfied, from numerous carefully conducted experiments, that neither the gaseous nitrogen of the atmosphere nor the combined nitrogen of humus can be assimilated by plants, and that the nutriment of plants can only be supplied by substances of a purely inorganic nature. In addition to the list of substances capable of furnishing nitrogen to plants, (as urea, soda, cynanurates of potash, etc.,) he is, from some new experiments, able to add two, viz: nitrate of potash and ferrocyanide of potash. These investigations are of high theoretical and practical value.

Arsenite of Copper in Dyestuffs.—Frequent use is made in the arts—as, for instance, in the coloring of certain stuffs, such as green gauze, green tulle, etc., and in the making of artificial flowers—of a very dangerous chemical, namely: arsenite of copper. Accidents having resulted from the use of these fabrics, and complaints in consequence having reached the French Minister of Commerce, he has just addressed a circular to the various Prefects, instructing them to keep a watch over manufacturers which employ arsenite of copper, and warning manufacturers that severe punishment awaits all who put fabrics into commerce whose use may be followed by ill effects.

Naval Hygiene in France.—A Chair of Hygiene has just been founded in the Naval Medical School of Toulon, the first occupant being M. Roux, Surgeon-in-chief of the Imperial navy. Now that a Military Medical School has been established at Chatham, the next question will be whether we shall go on imitating our neighbors, and think of the formation of a *Naval* Medical School. There would be nothing strange in this, seeing that England is the first maritime power in the world.—*Lancet.*

The following "Frog-Story" is going the rounds in the papers: A writer in the Norwalk (O.) *Reflector*, describes a visit which he paid last month to a lady at Toledo, Ohio, who takes six live frogs as a remedy for consumption. She was recommended to do it by an Englishman, who said he was cured in that way. In six weeks this singular medicine has restored her from a state of great weakness to strength. The visitor saw the lady take a live frog from a jar, and swallow him whole, without chewing. Her daughter also did the same.

Accidental Poisoning by Arsenic.—Three men in the employ of Messrs. Crum and Thernliebank, of Glasgow, boiled some potatoes in a dish used for the purpose of lifting a liquor employed in some process of bleaching. The three men having eaten heartily of the potatoes, were seized with violent pain and vomiting, but ultimately recovered. It appeared that the liquor for which the dish had been used, contained a large quantity of arsenic and chlorate of potash, with which the potatoes had been impregnated. —*Dublin Press.*

An Operation upon an Operator.—M. Stackler enjoyed great reputation at Mulhouse, in France, as a cool and skillful operator, and also as the author of several talented medical works. M. Stackler, unfortunately, suffered from a fibrous tumor of the rectum, and underwent the operation for artificial anus, soon after which he died of consecutive peritonitis.

At Capeabo, Chili, is a woman thirty-six years of age, who has been twice married, having during the nine years of her first marriage thirteen children, and during the eleven years of her last, fifteen children. Her husband works, but she has to beg in order to aid him in supporting the household.

According to the experience of Dr. Hutton, the flight of a cannon ball was 6,700 feet in one-quarter of a minute, equal to five miles per minute, or 300 miles per hour. It follows, therefore, that a railroad train going at the rate of 75 miles per hour, has the velocity of one-fourth that of a cannon ball.

Sir Benjamin Brodie.—Although the operation of iridectomy on this distinguished physician failed, he is reported to be able to walk out without a guide, and is at present visiting a seaside watering place.

Diphtheria is said to prevail with great fatality in various parts of Northern Illinois—in La Salle, Kane, Stephenson, Winnebago, and Du Page counties.

A Case of Successful Treatment of Tetanus by Indian Hemp is reported in the *Lancet* by Mr. Farrage. Thirty drops of the tincture were given every two hours.

At Cambridge, (*Eng.*,) the candidates for medical degrees are required to satisfy the examiners in the following subjects: Hippocrates: the 1st, 2d, 3d and 4th sections of the Aphorisms. Aretæus: the first five chapters of the 2d book of the "Causes and Symptoms of Acute Diseases." Celsus: the 2d book.

The Medical Schools of Cincinnati opened their sessions on the 22d and 23d ult. In the Medical College of Ohio, the introductory lecture was delivered by the Dean of the Faculty, Prof. M. B. Wright, and in the College of Medicine and Surgery, by Prof. B. S. Lawson. From the *Lancet and Observer* we learn that the former opens with about sixty, the latter with about eighty matriculants.

The Atlanta Medical College closed its sixth course of lectures on September 1st, after a prosperous session. The degree of M. D. was conferred upon sixty candidates.

Ether and Chloroform.—The profession in Lyons, France, have resolved to abandon chloroform and use ether as an anæsthetic, because the latter is less dangerous, and though perhaps less convenient, as efficient as the former.

A United Society of Chemists and Druggists has been formed in England recently, and has already many members. The *Chemist and Druggist*, a monthly trade circular, seems to be the official organ of the society.

Answers to Correspondents.

Dr. D., Penna.—We are sorry that our terms discommode you. There can be no ground of complaint, however, as they are fairly announced in our Prospectus. The terms were not made for you, but for all who may deem it of advantage to them to support our enterprise; and the system of advance payment was adopted and insisted upon, in the belief that it will be the most economical for all parties concerned. We base our expenditures on the expectation that all our subscribers will comply with our terms in this respect, and when we find that any of them are indisposed to do so, we can only take it for granted that the work is not wanted, and therefore cease to send it. We have the satisfaction, however, of generally finding, as in your case, that subscribers yield gracefully to our terms, so that we lose very few. It is our aim to make the Reporter a desideratum to the profession; and if we do so, no one who desires a good journal will be willing to do without it.

E. D.—It is not customary now to render medical services by contract for a certain sum to be paid annually, irrespective of the amount of service required. There is nothing in the regulations of any medical society, that we are aware of, which alludes to the matter. Every practitioner has a right to make such arrangements, if he chooses to do so, but the practice is not considered creditable in this city.

J. M.—Four Resident Physicians to the Philadelphia Hospital are elected every year, shortly after the close of the College Sessions. An application should be sent to the Office of the Guardians of the Poor, No. 42 N. Seventh street.

J. G.—The hypodermic syringe may be had from either Gemrig, Kolbé, or Helmbold, surgical cutlers. Its cost is $3.50. It can be sent by mail.

MARRIAGES.

Brooke—Morris.—On Thursday, Oct. 25th, by the Rev. M. C. Lightner, Dr. J. B. Brooke to Maria Wharton, daughter of Thomas Morris, Esq., all of Reading, Pa.

Egbert—Phipps.—October 17th, by Rev. J. D. Howey, Dr. A. G. Egbert, of Cherry Tree, Pa., and Miss Eliza Phipps, of Clinton.

Houghton—Hughes.—On the 25th October, in this city, by Rev. John Jenkins, D. D., Dr. Charles M. Houghton to Miss Mary M. Hughes, all of this city.

Merritt—Rowe.—In New York, October 24th, at the Church of the Messiah, by Rev. Dr. Osgood, Julia Teresa, youngest daughter of James Rowe, Esq., to J. King Merritt, M. D., all of New York.

COMMUNICATIONS RECEIVED.

New York—Dr. Macnicholl, (6,) Dr. G. C. Richards, (with encl.,) Dr. A. P. Cook, (with encl.,) Dr. A. Van Antwerp, (with encl.,) Dr. J. V. Quackenbuch, (with encl.,) Dr. Springsted, (with encl.,) Dr. Atherly, (with encl.,) Dr. W. H. Bigelow, (with encl.,) Dr. T. B. Chambers, (with encl.,) Dr. H. Randie, (with encl.,) Dr. S. Winnie, (with encl.,) Dr. A. Shiland, (with encl.,) Dr. H. B. Horton, (with encl.,) Mrs. L. Covell.

Pennsylvania—Mr. John Hulme, Dr. J. W. Eldred, (with encl.,) Drs. Lichenshaler and McCormick, (with encl.,) Dr. W. P. Rothrock, (with encl.,) Dr. E. L. Lyon, (with encl.,) Dr. S. Pollock, (with encl.,) Dr. T. Lyon, (with encl.,) Dr. J. H. Rothrock, (with encl.,) Dr. T. Wood, (with encl.,) Dr. L. F. Caldwell, (with encl.,) John Hulme, (2,) Dr. J. H. Keeler, Dr. P. M. Zeigler, (with encl.,) Drs. S. S. and R. S. Wallace, Dr. W. Anderson, Dr. D. W. Hoover, (with encl.,) Dr. R. Armstrong, (with encl.,) Dr. E. M. Horner, (with encl.)

Illinois—Dr. R. W. Crothers, (with encl.,) Dr. A. P. Betterswortn. (with encl.,) Dr. J. V. Goltra, (with encl.)

Indiana—Dr. R. G. Brandon, (with encl.,) Dr. B. F. Elder, (with encl.,) Dr. M. F. Thomas, (with encl.)

Massachusetts—Dr. W. T. Brackett, (with encl.)

Michigan—Dr. H. L. Joy, (with encl.)

New Jersey—Dr. J. M. Bean, Dr. J. A. Nicholls.

Ohio—W. E. Chapman, Dr. H. P. Kay, (with encl.)

Rhode Island—Dr. S. W. Butler.

South Carolina—Dr. H. M. Clarkson, (with encl.,) Dr. E. W. Du Rose.

Tennessee—Dr. H. M. Moore, (with encl.,) Dr. D. Thompson, Dr. T. C. McNeill, Dr. J. L. Abernethy, (with encl.)

Vriginia—Dr. D. P. Reaney, (with encl.)

Office Payments.—Dr. Bishop, V. D. Miller, Dr. F. B. Flore, [Mo.,] H. F. Lindley, T. C. Thompson, S. B. Detwiler, Dr. J. V. Vanartsdalen, [Pa.,] Dr. E. C. Waters, Dr. J. M. Leedom, [Pa.,] Dr. D. Huntington, H. C. Yarrow, Mr. Bushong, Dr. H. W. Brinton, [Pa.,] M. O. Thompson, J. B. Morrison. By Mr. Swaine: Drs. Salmon, Wilson, Rachenberger, Parry, [Cal.,] Hart, Taylor, [N. J.,] Kitchen, Pierce, Halsey, Carter, Parsons, and Thomas. By Mr. Foster: Mr. Brallier, W. J. Scull, L. W. Thomas, D. G. Hetzell, E. G. Booth, Dr. F. Holcomb, W. M. Palmer, E. Duff, R. Myers, and E. J. Say.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 33.

Oral Region (*continued.*) *Movement.*—It is not uncommon to meet with persons who can only, after considerable hesitation, protrude the tongue from the mouth. This peculiarity is seen where there is high irritation or inflammation of the meninges of the brain; or it may attend any condition of vascular excitement in those of a highly nervous temperament; or the organ may be thrust or darted out, and again quickly retracted. These movements are by no means favorable signs, and do very commonly point to the existence of serious intracranial disease, in consequence of which there is a loss of control over the voluntary movements. If the tongue trembles when exposed by the patient, it indicates great debility. When it is protruded to one side, there is paralysis of the muscles of the opposite.

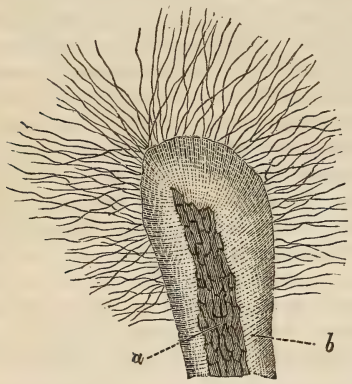
Moisture.—Naturally the tongue when examined, will be found covered with a moderate degree of moisture. This is derived from both the glandular apparatus of the mouth and the lingual papillæ. All fevers have, at some period of their course, a tendency to arrest the natural secretions of these parts. Some caution is necessary to be observed on this point. Should a patient have taken any liquids just before the physician's visit, it may be moist from this cause. Or, again, there are some who habitually sleep with their mouths open; others are compelled to do so from nasal obstructions, as where the latter cavities are blocked up by profuse secretions or polypi. In such cases the breathing being carried on through the mouth, the tongue will be dry. Into all these matters the physician should be careful to inquire. Generally speaking, a moist tongue will be regarded as highly favorable in the progress of febrile disease. The lingual papillæ from constitutional as well as local causes, exhibit a great variety of conditions, highly instructive under the general term of the *coated* or *furred* tongue. These coats are formed by accumulations of the ordinary epithelium of the papillæ, glued together and discolored by vitiated secretions. Should the surface be yellow, it is indicative of functional disturbance of the liver, and is accompanied with little taste. The peculiar shade is formed by the coloring matter of the biliary secretion being eliminated from the lingual vessels. A very heavily loaded tongue is not to be unfavorably construed. A light scanty coating accompanying fever is to be viewed with much more distrust, as there seems to be, by general consent, in such examples some latent, masked, morbid action insidiously at work.

A dark tongue accompanies disease of a low type in which the great mass of the blood is profoundly altered in constitution, as in typhoid fever, the anginose and malignant varieties of scarlatina, &c. In such, the epithelia adhere in flakes, and are mixed with altered blood corpuscles, imparting the dark appearance. Should the surface of the organ unload itself of this superimposed mass, it not unfrequently exhibits a red, smooth, glazed appearance. The papillæ have lost their epithelial covering, and no exudation for their reproduction taking place for the time, the surface dries from evaporation and want of mucous secretion. Such a state attends a low vitiality of the intestinal mucous membrane.

There is a white coat which is somewhat peculiar in appearance, and termed the *villous* tongue. The surface is closely beset with deli-

cate, light-colored processes, turned toward the pharynx. The explanation consists in elongation of the filliform papillæ and their brush-like epithelial appendages, which attain, under certain conditions, a more than usual length. The villous tongue is found associated with disordered stomach. Should this growth continue to a still greater degree, the surface seems to be covered with minute hairs, hence we have the *hirsute* tongue.

In aphthous conditions of the mouth and, indeed, in any low fever, vegetable growths may be detected sprouting abundantly from the appendages of the filliform papillæ, such as are figured in the cut (No. 31) copied from Kölliker. In the centre (*a*) the epithelial cells of the papillæ are seen, encrusting which (*b*) are collected vast numbers of granules, constituting a soil, from which spring the filaments, which stand like bristles over the surface.



In reference to the color some caution is to be exercised that we may not be misled. Thus the tongue may be dark colored from something the patient may have eaten, communicating a stain to the coating, as certain berries, extract of glycyrrhiza, nitrate of silver, &c.; or it may be dark from an abundant development of pigment granules; or yellow from the use of tobacco, or mineral acids, etc., etc. A peculiar tongue is seen in gouty subjects, or such as have injured the mucous membrane of the stomach by over-feeding and drinking, as dyspeptics. The surface is traversed by furrows or fissures, as though the organ was cracked. This is due to the extraordinary development of the filliform papillæ, and their cell processes in certain places, while in others they remain unchanged—the latter constituting the floor of the trenches; the former their sides. If such papillæ be carefully dissected, they will be found to contain an increased amount of the submucous connective element, and are, therefore, in a condition of positive hypertrophy.

There is also a fissured tongue, which occurs in the progress of low fevers, but which depends upon a different condition of the papillæ. Here the papillæ, covered by epithelial layers and glued to each other by vitiated secretions, become dry and split open, leaving cracks, which are made and deepened by the motions of the organ.

Another characteristic tongue is seen in certain of the exanthemata, as scarlet fever. A thin stratum of white coating is uniformly distributed over the surface, whilst rising up through it, like a vegetation sprouting from the soil, are numerous red points; these are injected papillæ,—mediæ, or fungiform.

Mode of Cleaning.—The manner in which the tongue becomes relieved of these various unnatural secretions is not without interest. When it begins to clean at the sides and tip, gradually extending towards the middle and root, it is a favorable and desirable mode. If it takes place at irregular spots over the surface, it does not so clearly indicate a cessation of diseased action. Should the surface be left after the disappearance of fur preternaturally red, there is still some unsubdued irritation lurking in the mucous membrane of some part of the alimentary canal. The last part of the organ which becomes clean is the posterior, which retains its coat after a long time. This does not, I am disposed to think, imply that there still remains some constitutional state not entirely relieved, but is rather to be ascribed to the muciperous glands, clusters of which exist near the root, and which, in a great many instances, become so implicated as to pour out a perverted secretion, which stains the cells of the adjoining papillæ. We are constantly witnessing a heavily-loaded tongue, especially over its posterior part in cases of tonsillitis, and indeed in almost all varieties of sore throat. In such cases it does not follow that the tongue is at fault, or that the phenomenon betokens a gastric or hepatic derangement, but simply that the follicular secretions adhere to and strain the papillæ with which they come in contact.

The muciperous glands are very prone to inflammatory attacks. Should the slightest catarrhal symptoms be present, they will hardly escape, though we may not be conscious of

their participation in the attack. The so termed mucous corpuscles are, in all probability, pathological products, or exudation cells on their way to pus.

Physiologically considered, some of the papillæ are organs of gustation, and common sensation, as the mediæ and maximæ, and others, as the minimæ, from their density and firm structure, prehensile, as the lingual spines of certain animals. The sense of taste is most acute near the tip.

The organ is very intimately associated with the stomach through the communications of the fifth and eighth pair of nerves. In this way the stomach may affect the tongue, or in its turn impressions made upon the latter may affect the stomach. In this way also we account for the nausea and vomiting, which follow the introduction of some unpleasant substance into the mouth. To avoid this, such substances should not be allowed to touch the anterior part of the tongue when the taste is most acute.

The tongue may become the seat of ulceration as in the aphthæ of children, or of a specific character, as in syphilis or cancer. In syphilis, the ulcer spreads upon the surface rather than in depth. The cancerous ulceration manifests a predilection for the anterior part and near to the side. It is also preceded by marked induration.

The tongue having but little fibrous tissue in its structure swells very rapidly in certain inflammatory exudations, as sometimes occurs from the sting of a bee, threatening suffocations. Such cases suggest free incisions into its substance.

Hypertrophy.—This condition is found occasionally associated with scrofula. There is in such cases plastic exudation and an increase in the fibrous constituent of the organ.

On Diseases as Manifested Epidemically and Epizootically in the United States during the Summer and Autumn of 1860.

By M. L. Knapp, M. D., etc.
Of Baton Rouge, La.

Business connected with the dissemination of my work on the "Origin and Laws of Epidemics," has given me an opportunity the present season of taking notice of some of the prevailing manifestations of epidemic and epizoötic diseases in the United States, and of acquiring some facts that may interest the medical public.

I speak of epizoötic disease in connection with epidemics, for the reason that much agitation of the public mind existed on this subject in the spring and summer, and because of the intimate association of cattle plagues with epidemics, pointing to a unity of causation, or, perhaps, better to say, a unity of origin—a unity in the *essential nature* of all diseases, whether in man or animals.

To be sure, the tendency and direction of thought for a long time has been the other way. It has been the fashion, ever since the great Swedish naturalist led off in the classification of plants, for pathologists to classify the manifestations of disease *by symptoms*, which, however, are never constant, but ever varying, and therefore wholly inadequate to serve the ends of science, which require exactness. But more on this anon, if perchance it comes up. Suffice it to say here, that symptoms are not disease, and no classification of symptoms can make up a series of diseases.

I devoted some attention to the investigation of the cattle distemper, called pleuro-pneumonia, that prevailed during the spring and summer in and around Philadelphia, and which caused so much alarm in Massachusetts, supposed to have been imported from Holland by Mr. Chennery, in some choice breeds of cattle brought over last year. I found it had been prevailing for two years or more, and had been epidemical among horses as well as horned cattle. I found a number of instances where it had broken out in herds in which no accession of new purchases had been made or strange cattle added to the herds, where, in fact, the disease had originated in cattle that had been raised on the farms, and had never been off or abroad, nor had ever mixed with any outsiders or strange cattle whatever. This satisfied me that there was a general cause operating far and wide, throughout not only the United States, but Europe also, the source of the mischief in Mr. Chennery's imported cattle, as well as the herds of neat cattle, hogs, deer, etc., in the different States of the Union.

This view is repugnant to the nosological dogmatism of the day, to be sure, but nevertheless I believe it to be the only philosophic, rational, scientific, or tenable ground. The dogmatism that holds that disease, as manifested in Mr. Chennery's imported cattle, was a specific thing, differing essentially from the lung-distemper prevailing in other parts of the United

States, is an assumption without a shadow of proof—an hypothesis that calls for several hundred different essential natures in disease. In fact there is no limit. This dogma runs its supporter into the manifest absurdity and fallacy of admitting a symptom to be a disease. When, therefore, the Philadelphia commissioners, sent to Massachusetts to throw some light on the cattle distemper, offered their meagre reports, and assumed or assented to the position that the pleuro-pneumonia prevailing in Massachusetts was not the same disease as the pleuro-pneumonia prevailing in and around Philadelphia, where more deaths had occurred by it than in all reported in the whole State of Massachusetts, save those killed by commission, they made a regular blunder, doubtless, though sustained by the general sense of the profession perhaps. If we admit this dogma of a specific difference in disease, we ought to be consistent, and go with the current of homœopathy into the further fallacy of specific remedies, or a remedy for every symptom. It is the foundation of quackery.

But, say the sticklers for this dogma, the Chennery cattle disease is very contagious, and spreads only by contagion. It is contagious, doubtless, and like the pleuro-pneumonia that has prevailed for two seasons in and around Philadelphia, is epizoötical also. Epizoötical disease has been prevalent, I find, in most of the Western and Southern States for two years past. Last year there was an epizoötic among horses in Louisiana, in the form of pneumonia. Numerous cases occurred in and around Baton Rouge, (authority, Dr. Enders.) There has been an extensive epizoötic this season in Mississippi and Louisiana among cattle in the form of ophthalmia, (authority, Dr. Gillespie, of Grenada, Miss., Drs. Garrett and Harvey, Canton, Miss., and Drs. Dearing and Enders, Baton Rouge, La.) But beyond this, there has been a prevailing *predispositon* to disease manifested among cattle in some parts that savors of romance. A fact I learned in the stage while traveling in Illinois, from two Missouri drovers, staggers belief. If one of them had not been a physician, and cognizant of the fact, I should have almost deemed them trying to impose on my credulity. It is a precious nut for the sticklers for the *specific nature* of diseases to crack. It is this:

Droves of healthy cattle in passing from Texas through Missouri this season have infected numerous herds in the latter state before perfectly well, apparently!

I found this fact corroborated in St. Louis, and that some counties in Missouri had suffered losses from the death of stock in this way, to the amount of thirty or forty thousand dollars, Green county one of them. This county is near the south-west corner of the State. Sundry petitions were addressed by the suffering citizens of said counties to the Legislature of the State, to have the nuisance abated—the drovers from Texas prohibited from passing through the State.

The disease set up in the herds of Missouri was a mortal fever! a very fatal typhoid fever!

What was the *specific contagion*, let me ask, that passed from the healthy Texan herds to infect the Missouri cattle?

Will the dogmatists who hold to the *specific nature* of the Chennery cattle disease please answer? I am investigating the Origin and Laws of Epizoötics, going somewhat elaborately into the subject, as an Addenda to the third edition of my work on the Origin and Laws of Epidemics, and will be very much obliged to any pathologist who will explain this matter on the principle of a *specific poison*. I will be very much obliged to any medical confrere who will explain this law, and give a satisfactory solution of this fact. I hope to do so in the forthcoming edition of my work alluded to.

If any body doubts the *fact*, I may be permitted to refer to the early records of the Philadelphia Agricultural Society, for a parallel fact. Dr. Mease, in an elaborate lecture before the Society, in 1814, asserts that "cattle from South Carolina, driven north, infect the northern herds, though not sick themselves. This I can assert from my own personal observation." (See Memoirs of Phil. Ag. Soc. 1814.)

The drovers, who were my informants of this singular fact in Missouri, stated expressly that the droves of cattle from Texas were healthy, and remained so, none of them fell sick.

I arrived in Memphis about the first of October, and found the dogs were running mad. It would, perhaps, be too strong an expression to say that rabies was epizoötical, but the weather was very hot and dry, and much consternation prevailed on account of mad dogs.

But there was an *epidemic* prevailing to a very great extent, viz: the *dengue*, or *break-bone fever*. Here was the point I first encountered it. All over the South, south of Memphis, it has prevailed this autumn, in city and country, and Dr. Enders, of Baton Rouge, from which beautiful city I write this, informs me that he has recently received a letter from a doctor in

Western Virginia, describing it accurately, and saying that it is prevailing there extensively.

It made its invasion in Memphis in the latter part of August, under a high temperature, and the first cases were but a shade milder than the true yellow fever, which it may be said to be, in fact, or is declared to be by those who still hold to the old dogma of a plurality of diseases, only it is so mild that it rarely proves fatal.

It is described as a fever of one paroxysm of two or three days duration, accompanied by the most intolerable and universal aching pains, and when the fever goes off there is left an excessive prostration, from which the patient slowly recovers in from ten to fifteen days.

In Memphis, under a sudden change of temperature or sinking of the thermometer after rain, it took the form of a catarrhal fever or influenza, with congestion of the lungs, cough, bloated countenance, etc. I saw several cases of this description.

In Baton Rouge, I have conversed with two doctors, an M. D. and a D. D. S., who have just convalesced from an attack of it. The physician, Dr. Patrick, went on to tell me, unquestioned, that his nose had kept bleeding more or less throughout the attack, and that his gums were so soft and spongy that he could suck blood from them at any moment, quite significant of its scorbutic pathology. In the dentist, the red line on the gums is very characteristic of the scorbutic diathesis.

The way to treat it successfully is to bathe the feet in warm water, give warm lemonade, enjoin rest, and let the patient recover. Heroic drugging is getting out of vogue in the South.

At New Orleans, this form of epidemic disease has been excessively prevalent, and is still prevailing, but in all these southern regions it is now, (24th of October,) very much on the decline.

The causes of this general manifestation of disease in men and animals are not obscure, it does appear to me.

This has been an extraordinary season. The cosmical phenomena have been remarkable. The storms and tornados have been frequent and furious, the heat excessive, and the drought has cut short the crops and fruits in some localities to the extent of a partial famine. In an especial manner have the cattle suffered from the burnt up state of the grasses, or, as has been expressed to me in localities where ophthalmia has prevailed epizoötically, "the cattle have been literally starved out." The exility of good succulent grasses and herbage, as food for cattle, the excessive cold of last winter, a retarded spring, and a poor state of the crops and fruits, the food of man—in a word, the general causes that impair the nutrition of all animal life, lie at the bottom of the evil. The condition or essential nature of the evil is impoverishment of the blood, or impaired nutrition. This dyscrasy is synonymous with the scorbutic diathesis; it is identically the same. There is but one pathology, in reality, viz: impaired nutrition, a want, an unnourished condition. And but one physiological condition, viz: a good and reasonably perfect state of nutrition.

The cause of the remarkable constitution of the seasons by which the crops and fruits are abridged and deteriorated is probably attributable to the action of the sun or to solar heat. Meteorology has not yet arrived at so progressed a position that it can explain why the sun's action on the earth and atmosphere this year should produce the fitful and remarkable spasms and convulsions, and heats and droughts that have occurred, and leave us exempt from any such extremes another year; but it is to be hoped that observations will yet perfect the science to such a degree, that we may be enabled to see further back into the realm of causes than we now do.

Belladonna—In Inflamed Mammæ, Fauces, Etc.

By J. W. Thompson, M. D.,
Of Philadelphia.

This article has been much lauded, and I think deservedly, by some members of the profession, while others consider it of but little value, except for its narcotic properties, which, of course, must succumb to opium, except in peculiar cases. Now, as a multiplication of experience is the only true test in such cases, I have concluded to record some things that I have noticed in the use of it.

On the 9th of August last, I was called to a woman who had allowed an inflammation of the right mamma to proceed to suppuration. The orifice formed was about an inch and a half above the nipple, and was, and had been, for several days, discharging pus freely. She was quite feverish; bowels constipated; and

suffering much pain, both in the breast and head.

I ordered her a dose of the comp. cath. pill; farinaceous diet; and a solution of ext. bell. ℈ij to f℥j of water, to be applied freely three times a day to the inflamed breast, which was then to be covered with a light, bread and milk poultice, having a quantity of the chamomile petals added, *a la Meigs*. A suspensory bandage was, of course, directed, as the patient was up the greater part of the day. The next day she was better in every respect, but feeling weak and some nausea, (the result of the purgation, most likely,) she kept her bed. The third day, her breast was very much better. The fourth, it ceased discharging pus, and soon afterwards the orifice was closed, kindly, by granulation. As she recovered, nutritious diet and iron were allowed her, she having been in rather an anæmic state for some time prior to her attack.

How much of this result should be attributed to the belladonna may be a question with some, but, at all events, I considered it a very satisfactory termination. On the 24th of October last, I was summoned, in haste, to the bedside of a patient who had given birth to a fine female child, under my charge, upon the 7th of the same month, and since that time she had been doing remarkably well.

I found her with a high fever, slightly delirious, constipated bowels, headache, and, indeed, complaining of pain nearly all over. Next to her head she complained of her abdomen, but, upon examination, I found it not at all tender to the touch. I then turned my attention to the mammæ, but she said there was very little pain there then, although there had been some hours before. Upon my touching the upper part of the right one, however, she almost screamed from pain. There was a hardened mass here of nearly half the size of the palm of my hand, and over which the skin was already discolored, presenting anything but a desirable appearance. I ordered her a purgative dose of mag. sulph., and Norwood's tinct. verat. virid. in gtt. v. doses every hour, and the same local treatment as in the other case. In thirty-six hours she was relieved of nearly all untoward symptoms, and from that time rapidly recovered.

In both these cases the child was allowed to draw the breast frequently enough to keep it in a flaccid state, taking the precaution always to cleanse the nipple well first.

I have not found the belladonna, used in this manner, to affect at all the secretion of milk, as some have observed; though whether it was because of use for a less time, or in weaker solution, or because it does not do so, such a coincidence only having accidentally occurred with some, I cannot, as yet, pretend to say.

My experience with it in incipient sore throat would lead me to rank it almost as a specific, if used sufficiently early. My plan is to give the sixtieth of a gr. of atropia, and I rely upon it confidently if given within six hours of the first appearance of inflammatory symptoms. I have tried it repeatedly upon myself, as well as others, and yet have to note the first failure.

After six hours, though, I have found it of much less advantage, and beyond twelve have even thought it productive of aggravation. This, of course, precludes its use to any great extent in practice for this purpose, because such cases rarely come under treatment before the second or third day, and it is too powerful a remedy to be thrown promiscuously into the hands of the public for domestic use.

In resolving glandular tumefaction, especially of the neck, I have found, at times, both the atropia and the ordinary extract to act very promptly, the former, in a few cases, almost like magic; nevertheless, it has not proven so universally successful with me as to warrant, at all, the conclusion of its being specific. For such instances I have used the ext. in solution as above, or the atropia in proportion of gr. j. to f℥j, adding a small quantity, say a f℥. of alcohol, to favor the solution.

The Homœopathist gives belladonna in certain affections in the healthy subject, and, consequently, will cure them when otherwise brought about; but it has always been a query with me if the operation were not just the opposite of this, it being, in fact, a most intensely "Allopathic" treatment. It is well known that it has a peculiar tendency to the throat—as much so as ergot has to the uterus—producing a dryness and constriction of the fauces, a change of voice, etc., but very different from any ordinary affection for the relief of which it acts so beneficially.

Is it not rather that its *peculiar* and anodyne properties act as repellants against the determination of fluids toward the inflaming tissue—a necessary part of inflammation—and by allaying the nervous excitement allowing the healthy action to be resumed, which in the incipient stage may readily be done, there having been, as yet, no effusion or change of structure; but,

at a later date, change having taken place, and the fires of inflammation glowing virulently, it ceases to be applicable; perhaps from the dry surface produced allowing the atmospheric oxygen to come into ready contact with the superabundant blood and other fluids now present, and thus adding fuel to the flame.

A blast of wind will readily extinguish the new-born blaze, but allow it a few moments existence, under favorable circumstances, and then all the winds of heaven will but add fierceness and fury to its life: and just as the fireman would now throw on torrents of water, instead of trying to blow out the fire, so the physician must change his tactics as inflammation advances or takes on new forms.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

In opening his course of clinical instruction during his present service, Dr. Gerhard made some introductory remarks on the importance of paying attention to the physiognomy of disease.

By studying the *countenance* and general appearance we can often at once detect morbid changes, or conclude as to the seat of the disease; of course, however, this should never preclude from carefully examining into the condition of the patient by other means.

First in regard to the *complexion* of the patient; this, when sallow, indicates that the patient has been subject to malarious influence, and has either had or is going to have intermittent fever or some other form of malarious disease. When pale, it indicates anæmia, deficiency of the coloring matter in the blood.

By marking the mode in which the patient *breathes*, we are often enabled to conclude with a considerable amount of precision as to the seat of disease. When he breathes with difficulty, when the nostrils are more or less dilated, we premise some affection of the lungs or thoracic organs. Whether this is primary, owing to morbid changes in the lungs themselves, or secondary, due to other causes, such as pressure upon the diaphragm, etc., must, of course, be determined by other modes of investigation. As a general rule it may be stated that the physiognomy of the mouth and nostrils marks to a certain extent the condition of the lungs.

Disease of the brain is looked for in the *eyes*, which in various forms of cerebral disease offer a peculiar and characteristic expression. There is a peculiar aspect of the eye in delirium tremens, which none who has seen the disease will mistake; in acute inflammation of the brain the eye is injected; in other forms of cerebral disease there is strabismus; there is again in functional diseases, such as hysteria or masturbation, in which the brain is secondarily affected a peculiar restlessness of the eye, which is quite characteristic.

In regard to the *pulse*, not so much importance is at present attached to it as formerly, when various kinds of pulse were minutely and systematically described. We have learned to examine the heart, and derive our knowledge of the condition of the circulatory system from its very source.

In examining the *limbs*, it is important to notice whether there is œdema or not; if it exists, it indicates dropsy. But dropsy, it must be remembered, is not a disease, but merely a symptom of disease, either of the heart, liver, or kidneys, or a combination of these.

The *development* of the patient should be examined; whether there is emaciation or embonpoint. If the former is considerable, we suspect some slow chronic ailment; if the latter, it often increases the violence of disease by which the patient may be attacked.

To make the student acquainted with the physiognomy of disease is one of the chief advantages of clinical instruction, upon which we now enter.

EMPHYSEMA OF THE LUNGS.

This patient, about 35 years of age, is affected with difficulty of respiration. His complexion is somewhat pale, but not markedly so; his nostrils are somewhat dilated, but do not act spasmodically.

The patient was first taken with this difficulty of respiration in the summer, some seven or eight years ago. His case is one of so-called annual asthma, or annual catarrh; properly speaking, however, it is emphysema of the lungs. It has also been called "hay asthma," on the Continent, especially in England, because it was thought by some to be somehow connected with the mowing of hay. This, however, is not the case; the fact being simply that the disease is more liable to occur in July or August than in other months, and it is merely a coincidence that this is the time of the hay harvest in England. In this country the disease occurs with probably equal frequency and during the same months; yet the hay harvest here is generally much earlier.

The disease then occurs particularly at those seasons when the weather becomes cool, and the contrast between the temperature of the day and night becomes marked.

In the patient before us, the disease is not as well marked as we occasionally find it. For the last seven or eight years he has had an attack, once at least every year, with the exception of last year, when he had none. His pre-

sent attack came on about the middle of August, with much difficulty of respiration, coughing and expectorating a great deal. He entered the hospital on the 19th of last month.

Physical Examination.—His chest is very little dilated. This is a point of some importance in emphysema. Where young persons are attacked, the thorax, yielding more readily to the expansive pressure from within, undergoes marked dilatation, while in patients who have passed the age of thirty-five or forty, two causes operate more or less strongly to render this liability to expansion of the chest less. In the first place the ossification of the costal cartilages and the firmer position of the ribs after thirty or thirty-five, and, secondly, adhesions of the pleura to the lungs, which prevent the latter from expanding freely. For, there are scarcely five men out of a hundred, having reached the age of thirty-five or forty, who have not adhesions, more or less, of the pleura to the lungs. In this patient you see at once, on mere inspection, that the right side is somewhat contracted.

Percussion.—The percussion-sound on both sides is preternaturally clear. It is somewhat less so, however, on the right side, which is accounted for by the pleurisy which the patient evidently has had one time or other, and which is further indicated by the contraction of this side, already mentioned. The patient does not remember of ever having had pleurisy, or even pain, in the side. But this is no criterion whatever. If you take twenty persons, having pleurisy, you may find twelve to suffer no pain whatever and who are scarcely aware that anything serious is the matter with them; while in two the pain is probably slight, and in the other six of a most severe, acute, and agonizing character. The fact, then, that this patient is ignorant of having had pleurisy does not exclude its existence.

On *auscultation* there is a feeble respiratory sound. There is not the natural vesicular expansion; the expiration is also slight.

You must take care not to confound the expiration of emphysema with that of phthisis.

When this patient came into the house first, he had a slight sonorous, but no mucous ronchus. But this has been diminishing, until at present there is none at all, showing that the paroxysm is gradually passing off.

The treatment of this case has been simply tonic; quinine and iron are the remedies that have been relied upon.

HÆMATEMESIS—CHRONIC DYSPEPSIA.

This patient is a woman about thirty years of age, who tells us that from her infancy her stomach has been in a bad condition; having always been troubled, more or less, with dyspepsia. Notwithstanding this, she digested and assimilated her food sufficiently to reach a tolerably good state of health.

Five weeks ago she had an attack of hæmatemesis, which lasted for three days. The precise quantity of blood vomited cannot be accurately determined. Patients are exceedingly liable to overrate the quantity of discharges of this kind. Yet in her case it is fair, perhaps, to presume, from her statements and the exsanguinated, anæmic, pale countenance, and prostrated condition which she presents, that the amount of blood lost, was not inconsiderable, —from a pint to a quart.

There was no severe pain accompanying the hæmatemesis; she only had slight headache, felt weak, and after the first paroxysm had a great desire for cold drinks. She vomited more or less blood during the three days after the first attack, but there was no persistent nausea accompanying the vomiting. Occasional attacks recurred until three weeks ago, since which time they have entirely ceased.

To determine the cause of this hæmatemesis, we first examine the stomach. Here we find very little alteration. On percussion over the stomach, there is the natural clearness, which increases as we ascend to the cardiac orifice, because here there is nothing but air, on account of the position of the patient. While no tumor or hardness whatever can be found in the stomach, its cardiac orifice, or the pylorus, the liver also, is in a normal state, it being neither enlarged nor diminished in size; nor is there any enlargement of the spleen. These signs, then, are all negative.

The patient has had no suppression of her menses, which might have caused the discharge of blood from another part, as sometimes happens, constituting what is called vicarious menstruation.

Another evidence of the non-existence of cancerous disease, beside the absence of any tumor, is her general aspect, which is not that so peculiar to cancerous disease; there is no emaciation.

Being obliged, then, to exclude suppression of the menses, cancer of the stomach or pylorus, disease of the liver or spleen, obstructing the portal circulation, and causing mechanical extravasation of blood, as the cause of hæmatemesis in this instance, there remains no alternative but to look upon it as simply hemorrhage from the stomach, in consequence of chronic dyspepsia, from which the patient has suffered; a simple hemorrhage, such as takes place from the nose in epistaxis.

In examining the heart, we find the usual ventricular bellows sound, such as is peculiar after considerable hemorrhage, or in anæmia.

The treatment in this patient should be first to regulate her diet. She should eat such things as are easily digestible, but do not form a large mass, and in a liquid form, if possible. Milk and arrow-root, beef-essence, crackers

broken up in water or beef-essence, are suitable articles.

Internally she has been taking one-quarter of a grain of opium, with two grains of tannin every three or four hours, which will be continued for the present; and, as her bowels have been rather costive, emulcent injections should be resorted to.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

PHTHISIS—RHEUMATISM OF THE SHOULDERS.

A woman, 30 years of age, married, mother of three children, came to the clinic for treatment. Her children, the youngest of whom is three years old, are all healthy. Her mother died of consumption when 22 years of age.

The patient dates her present illness eight months back, when she was attacked with cough, expectorating about a teaspoonful of purulent matter. She had at that time a pain in the left side, low down. When lying down, she perceives a crackling noise in her larynx.

The patient coughs much after getting up in the morning; she has lost flesh and strength; at the commencement of her sickness she had chills almost daily; her catamenia have ceased.

On *percussion*, slight dullness is found under the left clavicle, with some blowing respiration; there is some crackling when she coughs; expiration is prolonged on the same side.

From the rational and physical signs in her case, there can be no doubt that the nature of her difficulty is tubercular deposit commencing to soften. The disease was ushered in, probably, eight months ago by pleurisy, as is often the case; for the auscultatory and percussion signs indicate that the lower part of the left lung is bound down by adhesions.

There is a point of considerable practical importance in tuberculosis, connected with the comfort and sleep of the patient. When you have a cavity formed, or about forming, the patient can sleep very well lying on the side on which the cavity is located; but as soon as he turns over on the other side severe cough and dyspnœa at once occur. Why is this? During sleep, there is an accumulation of the muco-purulent secretions in the cavity. So long as the patient lies upon the sick side, the fluid gravitates downward; but when he turns over, or lies on the sound side, it passes through the fistulous openings, which generally exist, into the bronchi, and thence into the trachea, there obstructing the respiration more or less, and thus bringing on dyspnœa and cough. The same is true of pleurisy, when there is effusion on one side.

It is especially in infants that this fact should always be borne in mind. They have no power to change their position, and cannot expectorate. Hence when attacked with pulmonary disease, and they are laid upon the healthy side, the most distressing symptoms of dyspnœa, and even asphyxia may occur, which, however, soon pass off when the position is changed.

Another point. The nostrils are the proper external organs of respiration, the mouth being supplementary. In children, who are suffering from catarrh of the nose, or any disease obstructing the nostrils by secretions, which often become baked up into hard masses, as sordes in typhoid fever, scarlatina, etc., frequently you will be summoned in great haste, because, during sleep the child becomes blue in the face, with all symptoms of approaching asphyxia; but as soon as the child is awakened and taken out of bed, this condition is relieved and passes off. This is, of course, readily explained. The nostrils being blocked up, and the mouth being shut during sleep, the effect is the same as if the child were immersed in water. When the patient, however, is aroused, the mouth is opened and at once acts supplementary to the nostrils.

It is a matter of great importance that you should put parents and nurses on their guard as to the position of their little patients, and the influence of sleep upon respiration.

The patient before us presents, beside the tuberculosis, another interesting difficulty. You perceive that she has scarcely any power in her left arm; she is unable to lift it to any height, and can do very little work with it. Inspecting the shoulder, you see at once that the muscles of the shoulder are much atrophied, especially the deltoid; indeed, there is muscular atrophy of the entire arm. The whole difficulty has been caused by subacute rheumatism. On moving the head of the humerus fibrinous crepitus is felt, showing that there has been deposit into the articular cavity, and that there is a certain degree of false anchylosis. From the muscular atrophy which destroys the symmetry of the shoulder, and the change of position of the head of the humerus from deposit in the joint, cases of subacute rheumatism of this kind have been mistaken for dislocation, and *vice versa*, and surgeons have been prosecuted for malpractice. It is of the utmost importance both for the patient and the reputation of the physician, that he should not confound dislocation with chronic rheumatism and its results, as you see them exemplified in this case.

To return now to the more serious constitutional disease, from which the patient suffers, the *treatment* should be "building up." Cod liver oil should be given; it has been recommended that in cases where the digestion is weak, the oil should be given in an emulsion with an alkali, so as to render it more readily absorbed, and as the digestion of this patient appears somewhat weak, we shall combine each tablespoonful of oil which she takes with 15 grains of the phosphate of lime. She is also to take iron, bark, ale, and nutritious food.

To render her expectoration more easy and to diminish the dyspnœa, we shall give her

℞. Morphiæ acet. gr. j.
Syrup. tolu. f ℥j.
Aquæ f ℥ij. M.

To be taken in teaspoonful doses occasionally. In prescribing cough mixtures in tubercular cases, never add any nauseating remedy, such as ipecacuanha, squills, etc.; they only disturb the digestion, which it ought to be your great effort in this disease to preserve.

JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

Reported by N. G. Blalock, of N. C.

ANEURISM OF THE AORTA.

R. J. A. Seaman, 34 years of age, a Frenchman by birth, has been healthy during his youth. He has been a sailor for twenty years, and the only diseases from which he had suffered were rheumatism and gonorrhœa.

About a year ago, while undergoing great exertion at a pump on board the ship, he was seized suddenly with pain in the breast and palpitation of the heart. For this he entered the hospital at Java, East Indies, where he remained three months.

Six months ago he noticed a pulsation and a tumor on his left side, midway between the nipple and the sternal portion of the clavicle, which has been increasing slowly till the present. It is more painful now than formerly, requiring the free use of anodynes to secure rest.

On applying the ear over the tumor, the peculiar sawing or blowing sound is heard, synchronous with the contraction of the ventricles, and the aneurismal thrill is marked.

There can be no doubt about the diagnosis. The aneurism occupies a position at the arch and the upper portion of the descending aorta. It is the result of laceration of the inner coats of the aorta by the over-exertion; but undoubtedly, at the time when this happened, the coats of the vessel were already in an unhealthy condition.

As far as treatment is concerned, it is unfortunately inaccessible by any means in our power, either by a surgical operation or by pressure; we must rely upon general and palliative remedies. Bleeding is out of the question; but the heart's action may be diminished by the use of veratria, aconite, etc. Acetate of lead and opium may also be given, with a view to induce or promote, if possible, coagulation and obliteration of the aneurismal sac.

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Dr. Rathke, Professor of Zoology at the University of Königsberg, died of apoplexy on the evening previous to the day on which he was to preside at the Congress of Naturalists.

EDITORIAL DEPARTMENT.

PERISCOPE.

EPITHELIAL CANCER OF THE LIP.

Mr. Jonathan Hutchinson has given us in recent numbers of the *London Medical Times and Gazette* interesting statistical clinical records of epithelial cancer of the lip. His statistical analysis extends over 127 cases.

Women are the subjects of this disease in the proportion only of 5 to every 100 males; and when it does occur in women, it is usually in those who have been accustomed to smoke. The lower lip is affected in 90 per cent. of the cases, the angle of the mouth in 6 per cent., and the upper lip in 4 per cent. The average age of patients suffering from cancer of the lip is 58 years, the extremes in the series being 28 and 82.

Operations were performed in all the 127 cases. Although many of them required extensive incisions, and, in three, glands were removed from under the jaw at the same time, only three ended fatally. One, a man aged 62, died on the ninth day of erysipelas of the fauces; one, a man aged 54, died after an extensive operation, "of erysipelas, attended by an eruption like that of scarlet fever;" and the third, a man 59 years of age, died from erysipelas on the seventh day. This rate of mortality Dr. Hutchinson justly considers as scarcely worth noticing when we call to mind the fearful nature of the disease, when not interfered with. The great point is to attend to the general health of the patient and keep him removed from any risk of contagion from erysipelas.

In reference to the liability to a return of the disease in the wound or cicatrix, in 120 cases out of the 127 the wound healed for the time being, and was reported sound when the patient left the hospital. The following table shows the results of the 127 cases.

Died within ten days of the operation, - -	3
Had return of cancer in the wound, - -	4
Had return of cancer in the cicatrix at different periods after the operation, - -	9
Had cancerous disease of the lymphatic glands subsequently, - - - -	5
Had cancerous disease of the opposite part of the lip, - - - - -	3
No further note than that patients recovered and left the Hospital with sound cicatrices, - - - -	105*

STRYCHNIA IN THE PARALYSIS OF TYPHOID FEVER.

Dr. N. S. Davis, of Chicago, reports the speedy relief of paralysis of the muscles of deglutition in a case of typhoid fever, by strychnia administered in an enema.

*In the above classes 3 cases are mentioned twice on account of their results entitling them to a place in more than one of the groups.

QUADRUPLE BIRTHS.

At the October meeting of the London Obstetrical Society, Mr. Henry G. Times related a case of quadruple birth. The patient, aged 33, was pregnant for the fifth time. She was taken in labor on the morning of the 23d of September. At 8 P. M. a female child was delivered by the midwife in attendance; ten minutes after a second child, and twenty minutes afterwards a third, were born.

Then followed a very large placenta, when the midwife, finding there was still another child, sent for Mr. Times. The placenta had drawn down the abdomen of the remaining child. After a little manipulation, the feet were drawn down, and delivery of this, the fourth child, effected. The first three were alive and crying; the last never breathed. There was little hemorrhage. The previous pregnancy terminated at eight months, in December, 1859. The last catamenial period was during the first week in March; but the discharge was so scanty that she conceived herself then to be pregnant; hence the quadruplets were probably between six and seven months old. The children were all well formed —all upwards of twelve, and one thirteen, inches in length. The first lived seven hours; the next two or three hours. The placenta was single; but each funis had a distinct attachment. There was no lobulation of the placenta. The patient recovered well.

During the discussion on this case, Dr. Bloxam stated that a case had come under his own observation in which all four children were born alive, and at the full time; and Dr. Gibb mentioned that, while traveling in America, he had pointed out to him four young ladies, 16 years of age, who, by common repute, were the product of one pregnancy.

THE ANNOYANCES OF THE ADMINISTRATION OF CHOLOROFORM.

There is continually appearing evidence of the loss of confidence in chloroform. The eminent French surgeon, Robert, who seems to ignore ether, in the recent volume of his lectures, makes the following remarks in regard to the administration of chloroform:

"The first condition, for the performance with safety of a long and delicate operation, is that the surgeon should have his mind quite free. Now, however intelligent the assistants who manage the inhalation may be, still the administration of chloroform is a great pre-occupation for the surgeon. I confess that, for my part, I would rather in such a case not perform the operation than do it with constant fear of seeing some accident occur. So that you must reason with the patient and persuade him to allow the operation to be done without chloroform, and exaggerate to him the dangers of anesthesia."

SIGHT AND REASON RESTORED TO AN INSANE PATIENT BY AN OPERATION FOR CATARACT.

M. Bouisson, Professor at the Faculty of Montpelier, lately communicated to the Academy of Medicine the case of a man, some of the particulars of which are given by the *Lancet and Gaz. Hebdom.:*

He came into the hospital, without any particulars of his previous history, suffering from double lenticular cataract and from complete dementia. Couching was resorted to for both eyes, and, on the tenth day after the operation, the man said, "I can see!" these being the first sensible words he had spoken. As the sight improved, the man became more manageable. He began to give some details as to the origin of his ailments; and six weeks after the date of his entrance into the hospital he left, fully capable of earning his own livelihood. Prof. Bouisson adds some valuable remarks as to the probable connection between the restoration of sight and the return of intelligence, and states that he considers that sensation stimulated the mind as electricity stimulates nervous action, the patient being at the time favorably situated for such impressions.

The dementia was probably not deeply rooted, and perhaps the result of optical hallucinations, in consequence of the cataract; disappearing as soon as the cataract was removed.

INTRA-UTERINE DISLOCATION OF THE KNEE-JOINT.

Dr. Youmans reports in the *Boston Medical and Surgical Journal* the birth of a child, after a natural labor, with an entire dislocation at the left knee-joint. The toes rested upon the anterior part of the thigh near the groin. The anterior of the knee presented the fold usual in the popliteal space of infants. When the limb was forcibly straightened it immediately reverted to its abnormal position. Straight splints were applied and the limb is now permanently restored.

The mother of the child attributes it to an injury received two weeks previously to confinement. We think that it was more probably the result of irregular muscular contraction dependent on defective innervation, such as produces congenital dislocation of the hip-joint, club-foot, etc.

STRAMONIUM IN NEURALGIA.

Dr. A. Young, in a communication to the *Chicago Medical Examiner*, says, that in his experience Stramonium is an unfailing remedy in neuralgia. He prescribes one grain of Tilden's extract of stramonium leaves every two or three hours until the system is decidedly affected, as indicated by dilated pupil, disordered vision, vertigo, etc. It should, he thinks, always be given to this extent, and will seldom need repetition.

OPERATION FOR RADICAL CURE OF HERNIA.

Mr. John Swift Walker reports in the *Medical Times and Gazette* a successful operation for hernia after Wood's operation.

The patient being put under the influence of chloroform, an incision was made an inch in length over the tumor, the scrotal fascia detached from the skin, and the fascia invaginated into the canal with the little finger; a strong, well-curved needle, armed with a hemp ligature thread, doubled, was then guided through three points in the canal—the conjoined tendon and the triangular fascia forming the posterior wall —then withdrawing the needle, holding an end of the ligature in the right hand, then passing it again through the external pillar of the ring close to Poupart's ligament forming the anterior wall—the needle now only carrying one thread; then placing a round boxwood plug over the canal, tightening the first ligature, with the finger pressing in the canal pressing up the gut; finding it compressed the canal completely, tied it very tight over the plug, then replacing the integument put a stitch into the skin to close the external wound, leaving one loose end of thread hanging out, which was tied over the plug lengthways, forming ⋈ over the plug with the other ligatures. He was then placed in bed. The patient recovered rapidly, the wound having nearly healed on the eighth day after the operation; cure perfect.

THE ALLEGED DISCOVERY THAT THE SEX OF A CHILD MAY BE ASCERTAINED BY COUNTING THE PULSATIONS OF THE FŒTAL HEART.

The assertions of Dr. Frankenhauser in regard to a method of determining sex before birth of the child have been brought to the test by several observers. Frankenhauser examined one hundred pregnant women, and says that he found the less rapid pulsations of the fœtal heart in those who gave birth to boys and the more frequent when girls were afterwards born. The first gave a mean of 124 beats; the latter 144 to the minute.

Dr. Breslau made fifty observations on the subject, and the result was that twenty-five times he made a false prophesy, and nineteen times a right one, leaving six doubtful.

Dr. Hoake made observations on fifty women, but without finding the rule of any value in foretelling the sex of the child.

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A Coroner's Verdict!—At Bristol (England) a man had eaten largely, chiefly of meat, and, being subsequently taken ill, was found dead in his bed early the next morning. No medical man had visited him, nor had he taken any medicine. The jury, after hearing the evidence, returned a verdict that "the deceased died suddenly after eating to excess of food *improperly dressed!*"

REVIEWS AND BOOK NOTICES.

On the Theory and Practice of Midwifery.—By Fleetwood Churchhill, M. D., etc. With additions by D. Francis Condie, M. D., etc. A new American from the Fourth Corrected and Enlarged English Edition. Philadelphia: Blanchard & Lea, 1860.

The present volume, although its predecessors have been repeatedly noticed, demands particular mention, because it is not a mere reprint, but, what it purports to be, an improved and corrected edition, containing fully one-half more matter than when last reprinted. In a hasty glance over the various chapters we find that the one treating of menstruation is more fully elaborated than in previous editions, and the interesting questions of the connection between menstruation and ovulation are fairly discussed, though the author avoids taking a decided stand in favor of one theory or the other. We are glad in this chapter to find another evidence that the labors of American investigators are gradually beginning to be appreciated abroad, as the copious extracts from Prof. Dalton's writings show.

In the chapter on sudden death during labor, very interesting cases are mentioned, illustrating typically the various causes of sudden death,—syncope, idiopathic asphyxia, nervous shock, absorption of air by the uterine sinuses, the formation of a fibrinous coagulum in the heart, disease of the heart, obstruction and rupture of the pulmonary arteries, etc.

In reference to the entrance of air into the blood through the uterine sinuses, though several cases are referred to in the work, none appears so clear as that of Dr. Swinburne, of Albany, published about a year ago in the Reporter.

It will be remembered that some months ago a paper on pulmonary apoplexy as a cause of sudden death in labor, read by Prof. Gardner before the N. Y. Academy of Medicine, and published in full in this Journal, gave rise to a discussion in that Society, during which it was evident that the members of the Academy were disinclined to favor the theory. We have read the full chapter on sudden death in the work before us, with care, but failed to find a case analogous to the one of Dr. Gardner, in which, unfortunately, a post mortem examination could not be obtained. It is evident, however, that this subject is not yet fully understood, and that a great deal remains to be done by future investigations.

Turning to the subject of puerperal peritonitis, we were much astonished that so little attention is paid to the important matter of the treatment of this disease. The history of the disease, its epidemic and contagious nature are

fully and admirably treated, while the author, after citing the authorities who respectively defend the claims of venesection, tartar emetic, purgatives, emetics, turpentine, hip-baths, etc., concludes as follows:

"A selection of these remedies will afford a tolerably good chance to the patient, if we are called early; but in many instances we shall fail, either in cutting short the disease or in curing it ultimately. It is of the greatest importance, however, that all the means at our command should be tried perseveringly, and that our forebodings should not be allowed to diminish our exertions."

We know very well that experience has shown the inefficiency in severe cases of all these plans of treatment, and we do not blame the author for taking no decided stand in favor of one kind of medication or the other, as there can be no specific, and various cases demand various treatment. Yet it can scarcely be considered an excusable oversight on the part of the author or editor, when the treatment by *opium* and *veratrum viride* is entirely ignored. There is at this time quite a sufficient number of well-authenticated cases on record by authorities of the highest standing, and they were undoubtedly accessible to the author or editor of the work. Whateter individual opinions may be, this much is certain, that both the *opium* treatment of puerperal fever, as first introduced by Prof. Clark, of New York, and the treatment by *veratrum viride*, which originated, if we mistake not, with Prof. Barker, have yielded more favorable results,—at least as favorable—than any other mode of treatment, and an entire ignoring of both, renders this part of the work incomplete, especially so, as throughout the whole book we find a fair and complete resumé of different modes of treatment, theories or opinions. We must express our sincere desire that this deficiency will be supplied in the next edition.

The work contains an appendix of two chapters, which have not appeared in the previous editions;—one on "obstetric morality;" the other on the qualifications and duties of the monthly nurse. The former is a reprint from the Dublin Quarterly Journal, and is devoted to the questions of baptism, craniotomy, and the Cæsarean section as they have from time to time been the subjects of medico-religious controversy. The chapter on nurses is a reprint from the "Manual for Midwives and Nurses," recently published by Dr. Churchill, and is an excellent practical little treatise.

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The eloquent discussions of the French Academy of Medicine are not very highly appreciated by M. Champoullion, who pronounces them as delightful to amateurs of *fine speeches*, but as giving no practical instruction. The physician who has no fancy for this kind of literature, considers *chefs d'œuvre* of eloquence simply as crystals grouped around a dead piece of wood.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 10, 1860.

ORGANIZATION.

Present medical organization in the United States is, to use an illustration, like a man whose limbs are paralyzed. His intellect is all clear, his perception acute, his sensation perfect, his speech complete, but when the time comes for action, when he is to repulse an enemy, when he is to attack a foe, or when he is to march on in the path of progress, the palsied limbs are powerless; they do not follow his intellect and his will.

But have we not our American Medical Association? Our State, our County Societies? Certainly! But so has the paralyzed man his brain, his senses, and his will.

The great point in all organization is the intimate connection and harmonious operation between periphery and centre. The same law of organization and development, of growth and decay, which characterizes the mollusc, is in operation in the social organism of mankind, and he who has most closely studied the former will be best enabled to appreciate the tendencies of the latter.

Now, it is a law of physiology, that the capillaries are developed before the arteries, veins, and heart; that the peripheral nerves and nerve ganglia exist before the brain or spinal marrow; and that upon the normal and energetic development of the former depend the future growth and development of the latter. Before the town and city exist, there are villages, hamlets, and farms; and before republics are formed we must have republican sentiment instilled into the masses. Development—physiological, social, and moral—is always from the periphery to the centre, the opposite being an anomaly.

There is no class of men more conversant with these fundamental principles of organization than physicians, the students of nature, and cultivators of natural science, *par excellence*. And yet why is it that so little has yet been done to make medical organization throughout the United States what it should be?

Is it because there is no necessity for organization? We need simply look at the great ends to be accomplished in providing for proper sanitary legislation and government throughout the States, and which will never be attained, except by the influence of the medical profession, to convince us that organization—perfect, active, *working* organization—is imperatively demanded. We need but consider the evils and crimes that are rampant in all the forms of quackery to stimulate us to organization; and we need only view the advance, progress, and reform necessary in medical education to satisfy the most skeptical that the only means to raise the status of the profession is by determined, deliberate, organized action.

But, aside from this view of the subject, medical societies form in many parts of the country the only scientific stimulus and impulse to the practitioner. In this light alone organization is a necessity.

There is not a town or city, of five thousand inhabitants, in the United States, in which there ought not to be a medical society, well organized, meeting at least once a month, and including every respectable practitioner of the surrounding country. It is unnecessary to repeat the old anecdote of the bundle of sticks to prove that in union and organization alone is strength. There are social, ethical, and scientific interests which our profession has, that can be promoted only by organized action.

Let, then, our friends go to work during this winter, revive old societies, form new ones, where none exist, so that the American Medical Association, as the centre of the profession in the United States, will be stimulated by an active capillary circulation, and at its next session show a glorious medical revival.

TIMELY RESOLUTIONS.

The profession is everywhere waking up. An earnest determination is making itself felt throughout the country of opposing the growing evils of the day, of uttering the warning voice against crimes, by which the health of the nation is undermined, its morals defiled, and the lives of the people trifled with. The following timely resolutions were unanimously adopted at a late meeting of the Scott County (Iowa) Medical Society, on motion of Dr. Fountain, and ordered to be published in the papers:

Whereas, The medical profession are everywhere cognizant of the fact that the crime of *criminal abortion* is fearfully prevalent, and increasing in all classes of society; and

Whereas, The progress of civilization and the spread of religion appear not to have had the effect of diminishing this species of iniquity; therefore, be it

Resolved, 1. That the members of this Society will co-operate with the American Medical Association, and other organizations of the kind, in using every effort to disseminate a knowledge of the criminal nature of practices which are too often regarded as harmless, and frequently resorted to by many who would shudder at the thought of destroying the life of a human being.

2. *Resolved*, That the members of this Society unite in sentiment with the opinion of the best and most learned men of the profession, in all parts of the world, that the fœtus is a living being from the earliest period of gestation, the willful destruction of which, except when required for the preservation of the life of the mother, is a crime as monstrous as infanticide, and its perpetrators should be regarded as felons by the laws of man, as they must be by every precept of morality.

3. *Resolved*, That every member of this Society who may be known to yield to the solicitation of any party for the purposes above indicated, shall forfeit his membership and be regarded as unworthy of fellowship by all honorable physicians.

4. *Resolved*, That it shall be considered the duty of every physician, when application for such purpose is made, not only to decline promptly, but to exert his personal influence to the utmost to prevent its accomplishment, by explaining its criminal character and removing as far as possible the erroneous opinions which are so generally prevalent regarding the life of the fœtus.

5. *Resolved*, That we denounce the common practice of newspaper proprietors in publishing advertisements which are calculated to encourage the practice of criminal abortion, as one prolific cause of a vast amount of crime and immorality, for which such newspaper editors and proprietors are thereby in a great degree responsible.

6. *Resolved*, That we likewise denounce the practice of many druggists in keeping for sale and dispensing such preparations as are known to be used for the purpose of producing abortion, which practice is no less reprehensible than to furnish poison when knowingly purchased with murderous intent, and by which all

such druggists are *participes criminis* in the evil work of corrupting good morals, and willfully engaged in aiding and assisting in the perpetration of a crime which should be held in abhorrence by every member of a civilized and Christian community.

MEAN POLITICS.

A more foolish and meaner political trick has never come to our knowledge than that resorted to in New York against a candidate, who formerly was one of the governors of the Almshouse. This gentleman issued the following order:

"*New York, Feb.* 3, 1860.

"T. Daily, Esq., Warden of Bellevue Hospital:

"Sir:—In order to allow facilities for instruction, you will permit a post mortem examination on all bodies, claimed or unclaimed, if such are deemed necessary by the Visiting Surgeons or Physicians, and under their direction and supervision the Medical House Staff and Medical Students are allowed to make such examination."

We omit the gentleman's name and the party to which he belongs. Neither have anything to do with the principle involved. But listen to the following indignant outbursts of political "shoulder hitters:"

"Read, read, read! Let all who have human feelings read and remember these facts!

"About the first of last February an attempt was made by certain surgeons of this city to obtain from our charitable institutions a supply of dead bodies, to be used in anatomical experiments and lectures. This purpose, revolting to Christianity and naturally repugnant to every gentle feeling of human nature, was virtually assisted in its accomplishment through an order signed by * * * one of the governors of the Almshouse, in connection with two of his associate governors. * * * and his friends, are challenged to deny the truth of these charges. The order stands open to public inspection on the Records of Bellevue Hospital, where all who might be otherwise led to doubt that such atrocities were possible, can satisfy themselves of its authenticity.

"This order went into effect, and what were its results it would be almost impossible to describe. The simple fact that authority was given to dismember and scatter in unconsecrated earth the bodies of the dead poor of this city is a melancholy exhibition of the claims of a candidate now before the people for their support to elect him to a responsible office.

"Poor men of New York, * * is appealing for your suffrages, on the ground of being a friend to your interests. Read the above order, and decide how much sympathy he had for the dead relations of poor men when he was Governor of the Almshouse.

"Christians of New York, who are opposed to violating the sanctity of the dead, * * is a candidate for Register. Is the man who would give your bodies over to the dissecting room entitled to your suffrages?"

Such are the appeals of miserable demagogues, who in the name of humanity and even Christianity (!) excite the prejudices of the ignorant masses, when attempts are made to further the cause of science, which is that of true humanity.

MORTALITY OF CITIES.

We shall condense, every month, a summary containing some of the most important facts of our weekly mortality tables. For the four weeks ending September 22 and 29, and October 6 and 13, 1860, we have the following:—

	Philadelphia.	New York.
Total deaths, . .	851	1,700
Males, ...	358	657
Females, . . .	305	621
United States, . .	650	1,121
Foreign, . . .	158	564
Nativity unknown, .	43	15

We have not yet been able to obtain the official reports of the population, and prefer to wait for correct figures to estimate the per centage of mortality to the whole population.

In reference to the causes of death, the following is a summary of the most important zymotic diseases, including consumption and marasmus:—

Causes of Death.	Philadelphia.	Per cent. of whole.	New York.	Per cent. of whole.
Croup, - - -	22	2 1-2	24	1 2-5
Cholera Infantum, -	19	2 1-4	94	5 1-2
Diphtheria, - -	31	3 2-3	24	1 2-5
Dysentery, - -	15	1 3-4	33	2
Fever—Typhoid, -	16	1 9-10	22	1 3-10
" Typhus, -	6	7-10	42	2 1-2
" Scarlet, -	71	8-3	73	4 3-10
Whooping Cough, -	4	1-2	19	1 1-8
Small Pox, - -	5	6-10	18	1 1-16
Consumption, - -	119	14	269	15 9-10
Marasmus, - -	51	6	171	10 1-12

It will be seen that in Philadelphia 20 per per cent., and in New York nearly 26 per cent., of the whole number of deaths are caused by consumption and marasmus—the two most frequent and fatal tuberculous diseases. The deaths from scarlatina and diphtheria are, in Philadel-

phia, 12 per cent.—in New York 5 per cent.—showing a prevalence of these diseases in Philadelphia over New York.

Typhus fever, on the contrary, owing to the emigrant ships in New York, constitutes 2½ per cent. of the whole in that city; while in Philadelphia it is but 7-10 per cent.

In reference to age, the per centages are as follows:—

Ages.	*Philadelphia.*		*New York.*	
	Whole Number.	Per cent.	Whole Number.	Per cent.
Under 5 years,	407	47 8-10	822	48 1-2
5 to 10 "	59	7	66	3 9-10
10 to 20 "	44	5 1-6	67	3 19-20
20 to 50 "	207	24 1-3	511	30 3-29
50, and over,	134	15 3-4	221	13
Unknown, - -			13	8-10
	851		1700	

It will be seen that the per centage of infantile mortality, including all under five years, is nearly the same in both cities, and, as an index of the general state of health, (which we consider infant mortality to be,) would place both cities on a par.

But it must be remembered that in the Philadelphia reports the *still-born* are included, while in New York they are left out, as we understand, to make the sanitary misgovernment of that city less apparent. Now, in Philadelphia, the number of still-born in the whole number of 851 is 47 or 5½ per cent. According to the same ratio, the number of still-born in New York ought to be 94, which, added to deaths under five years, will yield a per centage of 51 per cent., or over 3 per cent. more than Philadelphia. There is, however, reason to believe that the ratio of still-born in New York is larger than in Philadelphia, which would make the per centage of infant mortality still greater.

We are sorry that the reports from New Orleans have hitherto not reached us in time to be published with the rest; arrangements, however, are now made soon to remedy the deficiency. In regard to the health of New Orleans, a correspondent writes us as follows:—

"We have had almost an epidemic of "bilious remittent," (miscalled Jamaica negro, "Dandy;" Spanish corruption, "Denka" and "Danka;" French spelled, "Dengue,") which for a time misled a few of our physicians into the admission that it was yellow fever, and quite a panic was excited among persons at a distance. But the real truth—now admitted by all respectable men in the profession—is, that there has not been one unequivocal case of yellow fever in New Orleans, whether in the Charity Hospital or in private practice, during the past twelve months. The health now is extraordinarily good."

Correspondence.

———, *Illinois, Oct. 30th.*

Editors of Medical and Surgical Reporter:

Herewith I send you a late number of an Oregon paper, with some articles marked for your perusal. I wish to call your attention to them in connection with your editorial in Reporter for 20th inst., on Revoking Diplomas. It is time for medical schools to scan well the characters of the men to whom they grant these honors. No physician would be deceived as to the meaning of Doctor Rand's letter, but it is rather ambiguous to the popular mind, and, as you see, has been made use of by the quack to bolster himself up. It is said "that medical schools sometimes grant diplomas for a consideration." That schools of established reputation do so I cannot believe, but think perhaps it may be done by others. If done by any, a direct injury is done to the cause of medicine, and tends to bring reproach on all. Certain it is, that the mere fact of a man's having a diploma is no sure criterion either of his skill or his character. It is to be hoped that the Am. Med. Association will take this whole question into careful consideration, and establish some system of granting its own diplomas to those worthy to hold them. No honorable and trustworthy physician will shrink from the ordeal.

Medicus.

P. S. I am aware of some notorious quacks in this State who claim to hold diplomas from medical schools. I shall try and get the facts in their cases, and will report them to you.

[We have perused the papers referred to, and find that they constitute a glaring case of quackery. The individual in question is one "Dr." L. J. Czapkay, who advertises his Medical and Surgical Institute in the following strain:

"In the schools of France, the highest prizes are often awarded to practitioners in this department of medical science, and they occupy with others an equally lofty position in the profession. Ricord is an illustrious example, a shining light among the philosophical stars of his age in Europe, and Dr. Czapkay has fully equalled him in this country, as a proof of which, the Philadelphia College of Medicine

complimented him with a diploma, and the honorary *ad eundem* degree. Selecting this as his field of operation, although qualified as a graduate of the University of Pesth, and late Chief Surgeon of the Hungarian Revolutionary army, for more extended labors, Dr. L. J. Czapkay has bent his earnest attention to the cure of chronic and private diseases, in which he has become so great an expert that he is now regarded as the LEADER in this branch of his profession throughout the United States, and his portrait and biography are published as matter of interest to their readers in the most exclusive journals."

Through false representations, undoubtedly, this individual obtained the *ad eundem* degree from the Philadelphia College of Medicine. The letter of Prof. Rand, referred to by our correspondent, is intended to counteract this, and for this all credit is due.

Yet this Czapkay has the impudence to publish Dr. Rand's letter as evidence of having received an honorary degree, and no doubt the public will look upon Dr. Rand's letter as in his favor.

We maintain that the only remedy for similar occurrences and their prevention is, that such diplomas be formally and unequivocally revoked, and unless they are, that schools whence they emanate be refused representation in the American Medical Association. The interests of the profession are *paramount*, and it is time that they be maintained.—EDIT.]

CURIOUS CASE OF INTERMITTENT SPASMS, WITH ALBUMINURIA — GOOD EFFCTS OF QUININE AND OPIUM.

To the Editors of the
Medical and Surgical Reporter:

A rather unique case recently occurred in my practice which it may be of interest to communicate. We seldom meet with symptoms of so grave a character yielding so happily to medication as those in this case. We have here, apparently, two distinct diseases:—Bright's disease and chronic inflammation of the spinal meninges, both of which are, in the course of a month, seemingly cured by the use of quinia and opium. Claude Bernard's theory, that most, if not all, forms of disease depend on the irritation of the nerves, is certainly not injured by the facts in this case.

In June last, E. H., a farmer, 26 years of age, and married, sent for me. He said he had been sick for nine weeks, and most of the time confined to his bed; that he was daily growing worse, and would, without relief, soon die. He was first taken with clonic spasms of the bowels, which, however, were soon transferred to his limbs, in which they had continued for over two months, although every thing had been done by his physicians for his relief which their ingenuity could suggest. At times the spasms became universal, amounting almost to convulsions. He attributed his disease to exposure while burning lime.

Although his digestion was apparently unimpaired, he was much emaciated. Aspect waxy-looking; surface dry, pale, and almost bloodless; had many boils, especially upon his limbs; complained incessantly of severe and acute pain in his loins, extending downwards to the remotest part of his extremities, which, though œdematous, were very thin and wasted. He retained in them the power of voluntary motion. The urine was less than the ordinary healthy average, diminished in density and highly *albuminous*.

I ordered solution of morphine in doses sufficient to render him, in a manner, comfortable, and to be repeated as occasion should require; also bitartrate of potassa, to be given freely as a diuretic; fluid extract of rhubarb, to regulate the bowels, which did not move without medicine; tincture ferri chloridi and quinia every eight hours, and a nutritious diet. Under this course of treatment for a week, his symptoms evidently improved, when suddenly he was seized with the universal clonic spasms before alluded to, requring the strength of several men to control and prevent him from seriously injuring himself. Upon closer inquiry, I learned that these frightful paroxysms were usually preceded by the ordinary preliminary symptoms of fever, such as feelings of languor, general uneasiness, stretching, yawning, etc., and also by a sensation of chilliness, particularly in the feet and limbs, and that they had come upon him about the close of each week for several weeks. I therefore determined to try the power of quinia in arresting their recurrence. It being Saturday, I made no alteration in the treatment till the next Thursday, when I commenced the use of the antiperiodic, in connection with morphia, as before employed. Continued these medicines until the Monday following, with the satisfaction of completely peventing a return of the paroxysms, which had so long baffled former treatment. From this time, under ferruginous, tonic and anodyne medicines, in conjunction with a generous diet, the patient was rapidly restored to health and strength.

JOS. S. COOK.

Washington, Warren county, N. J.,
Nov. 5, 1860.

PARISIAN CORRESPONDENCE.

The Academie des Sciences—M. Gratiolet's Researches on the Vascular System of the Hippopotamus—Erroneous Views—Death by Immersion.

Paris, Oct. 13, 1860.

I promised you to commence my correspondence with the Reporter at once upon my arrival here. But a month has passed so rapidly between sight-seeing, getting "initiated" into medical circles, and making acquaintances that I was considerably vexed when I received a bundle of Reporters yesterday, which reminded me of my negligent silence. Not that I have any idea of considering my jottings of any value, but because I like to adhere to my promises.

It is needless for me to say,—for all your readers have been informed of the fact again and again in the newspapers,—that the exterior of Paris, or what we might call in pathological parlance, its *decubitus*, *complexion*, and *physiognomy*, have entirely changed since I was here last, ten years ago. Streets have been widened, whole blocks and squares have been torn down to make room for public places; by the indirect interference of the government, more commodious and healthy "*quartiers*" have been built for the working classes. Indeed, whatever opinions we may entertain as to the political honesty of Napoleon the Third, credit is due him for the care which his government bestows upon the social and sanitary condition of his "*Parisiens.*"

Academy of Sciences.—On the first of this month (which, if you will look at your almanac, was on a Sunday) I attended the Academy of Sciences, M. Charles presiding. You are, of course, aware that, in France as well as in Germany, it is not at all uncommon to have meetings, scientific and otherwise, on the first day in the week, which our Anglo-Saxon notions would consider a grievous error, to say the least. However, the meeting was an interesting one.

Researches on the Circulation of the Hippopotamus.—M. Gratiolet communicated his researches on the vascular system of the hippopotamus, in which he gives a perfect explanation of the anatomical and physiological mechanism by which this animal is enabled to keep under water the great length of time which it does.

The stylo-hyoideal and digastricus muscles of the hippopotamus, in consequence of a peculiar conformation of the basilar portion of the os hyoides, instead of leaving a free passage for the external carotid artery, cover and surround this vessel directly at its root; hence the least contraction of these muscles compresses the external carotid more or less, and the result is a corresponding arrest or diminution of the flow of blood to the head. This anatomical arrangement appears to prevent cerebral congestion during the long stoppages of respiration, which are common to this animal. A similar arrangement is found in the venous system. In the coats of the inferior vena cava, a muscular ring, or kind of sphincter, is found, which, when contracting, prevents the blood of the vena cava from reaching the heart, causing the blood to accumulate in the smaller venous branches; the blood of the superior cava, however, flows freely into the right auricle, whence it passes into the lungs, and so on through the arterial system.

Erroneous Views—Death from Immersion.—These anatomical arrangements M. Gratiolet considers as tending chiefly to prevent congestion of the nervous centres when the animal is immersed, which he looks upon as the principal cause of death.

It seems to me, however, that in his explanation of the manner in which these anatomical peculiarities act, in enabling the animal to sustain long immersion, Monsieur Gratiolet is mistaken.

For, in the first place, it is not very probable that in animals of the lower classes simple congestion of the brain should play so important a part as to demand special muscular arrangements to prevent it. But, secondly, and chiefly, it has been shown by the conjoined experiments of Dalton, of New York, and Da Costa, of Philadelphia,* that in death from suffocation, or stoppage of the respiration, the heart becomes paralyzed from over distension of its muscular fibres because of the arrested capillary circulation; which is arrested, not so much on account of mechanical congestion in the smaller vessels, but in consequence of the blood being surcharged so much with carbonic acid that the peculiar attraction of the tissues to the blood in their capilliaries, which is the chief condition of active capillary circulation, is lost.

Now it seems to me that, rather than preventing death by preventing congestion of the brain, this peculiar anatomical arrangement in the circulation of the hippopotamus, prevents death, during immersion, by preventing the over-distension of the heart, which would otherwise lead to paralysis of its muscular fibres. The current of the vena cava to the heart being partially, or completely, shut off by means of its sphincter, it is plain that the amount of blood which presses to pass through the heart and the arterial system is greatly diminished. Again, the external carotid being compressed, a less quantity of blood is sent through the arterial system than when the animal is not under water. Both these circumstances directly tend to diminish the liability of the blood to become surcharged with carbonic acid, which would result in stagnation of the blood, over-tension and paralysis of the cardiac fibres. In other words, death, from stoppage of the respiration, being

*I have not the lectures of the former gentleman with me and hence cannot quote very precisely.

due to paralysis of the heart from over-distension, the anatomical peculiarities of the hippopotamus, already mentioned, have the object mechanically and chemically to counteract that over-distension and paralysis, and not, as M. Gratiolet supposes, to prevent congestion of the nervous centres.

The Laryngoscope.—Are your Philadelphia and New York surgeons armed with their laryngoscopes? Dr. Czermack has spent some time here advancing the claims of his invention, and although some of the faculty are not at all disposed to look with favor upon *le Professeur Autrichien*, yet they cannot help giving credit where it belongs. Czermack has made many warm friends and admirers while here; among these is Mourat Bourouillon, who at a recent meeting of the Academy communicated two interesting cases of aphonia, the pathological course of which was unequivocally demonstrated by examination of the glottis by means of the laryngoscope.

In one of the cases there was a growth, in the other a polypus hanging or inserted in or around the vocal chords, and other lesions existing much more frequently in cases of aphonia, it is said, than were formerly thought.

M. Bourouillon has proposed to destroy the morbid growth by the galvanic cautery. This seems harsh treatment; but a Frenchman cares nothing about that, as long as novelty is on his side.

Yours, Jatros.

NEWS AND MISCELLANY.

Clinical Instruction at the Pennsylvania and Philadelphia Hospitals.—The effect of the free admission of students to the Philadelphia Hospital begins to show itself. On Wednesday last, over four hundred students availed themselves of its opportunities; while at the Pennsylvania Hospital, where tickets were for the first time demanded for this season, the class was not over thirty.

We earnestly hope the managers of this excellent and time-honored institution will at once see the necessity of throwing open its gates for clinical instruction, free. The profession, who for nearly a century, have given their gratuitous labors to the hospital, rendering it what it is, have a right to demand that whatever benefits may accrue from it to science should be free.

The institution is sufficiently well endowed not to need the paltry few hundred dollars a year from the pockets of the student. Unless thrown open, as all the hospitals in our larger cities now are, to the student, free of charge, we shall have the mortification of seeing one of the most excellent institutions for instruction with one of the best corps of clinical teachers, deserted.

It is hoped the matter will be taken in hand at once.

The Disinfection of Sewage.—The *Lancet* says that in the town of Carlisle, (England,) a public effort is being made to demonstrate that the sewage of great towns may be effectually and inexpensively disinfected. A contractor has obtained lease of the sewage of Carlisle, and of a hundred acres of land close to the town. He now disinfects the sewage as it issues from the town with a carbolic acid solution, and then leads it over the land. Dr. Angus Smith gives a full account of the present results of the experiment, which he speaks of as being perfectly successful. He says the land can be seen by any one passing out of Carlisle by the Caledonian Railway to the north. The crops of grass are very rich upon it; but at present so many sheep and cattle graze on it that it is kept somewhat bare. The result is, that the sewage flows over the land, and no one on walking over the ground can tell that the moisture in it is other than the rain. There is no long canal running to the sea, costing a great deal of money wherever it goes; neither is there a beautiful river tainted by sewage, becoming loathsome to all the senses, and a grave to the fishes that have so long frequented it, to the profit and pleasure of the inhabitants. Sewage may now cease to be an evil as it issues from towns. It need not be dreaded by any of the proprietors of land, neither need it be dreaded by manufacturers on the streams, if there be convenient land as at Carlisle; and, in any case, putrefaction or pollution of the air may be made to cease. The whole of the Carlisle sewage is thus absorbed. The average amount is 666,116 gallons. The sewage is led on the land by trenches merely. The whole cost of the establishment was under £400. The cost of the material for disinfecting the sewage of Carlisle is 5*s.* 3*d.* per day, or £95—or less than $500—per annum. Dr. Angus Smith concludes, from the results of this experiment, that a great problem is solved. He considers that it is shown that sewage may be made to be entirely inoffensive to the most delicate senses—that it may be even made to disappear, and not pollute the rivers; and this effect may be produced in such a way as not only to incur no expense, but to be rather a source of at least some profit, although the exact amount cannot yet be estimated. The plan has only been in operation at Carlisle during this season. The estimated increase of produce is more than double.

The same agent, carbonic acid solution, was tried successfully in London last summer by Dr. Letheby.

Dr. Wynter has resigned the editorship of the *British Medical Journal*, an excellent weekly published in London.

The Pauper Insane of England.—At the return issued by the Poor-Law Board on the first of January last, the number of paupers in receipt of relief in England and Wales was 850,896. Of these, 31,543 were insane, including 9,165 idiots—constituting 3.71 per cent., or no less than one in every 27 paupers. Of course this estimate gives no indication of the proportion of insane to the general population. The return indicates that the number of idiots predominate in rural mountainous districts, as in Wales, while in the large cities, as London, Manchester, &c., the insane predominate. The return also shows that there are more women insane than men—17,647 to 13,896. The expense of maintaining these 31,543 pauper insane is stated to be nearly £10,000 a week, or £520,000 a year, or, in our currency, $1.58 a week, or $82.16 a year for each patient. Over half the above patients were lodged in hospitals for the insane. Of the remainder, half were in work-houses, 5,195 resided with relatives, and a few in licensed houses or in lodgings.

Stung to Death.—The following case is related in the journals:

A young farmer, named Jay, of St. Cryan, near Meaux, went into a wood to collect leaves of a nut tree for his oxen. He began beating down the leaves with a long stick, and before long was enveloped in a cloud of dust, which produced such a violent cough that he was obliged to return home. His face, hands, and neck, soon became covered with pimples, he had a violent fever, and insupportable itching. He tried various remedies, but they produced no effect, and he was at last obliged to send for a physician. The latter did all that science could suggest, but in a few hours the patient expired. It turned out that the farmer had disturbed a nest of the insect called, by French naturalists, the *Bombyx processionnaire*, which is very venomous, and which places its eggs in the midst of a sort of dust. This dust, which is very volatile, causes ulcerations in the skin of man, and is most dangerous when it enters the respiratory organs.

Hospital Statistics.—A measure of great practical importance and interest has been ordered by the Director of Public Charities in Paris. The object is to collect reliable and perfect statistical records of all Parisian Hospitals. It will be perceived at once that this measure will be one of immense value.

Messrs. Grisolle, Cullerier, Guérard, Guillot, Beau, Chassaignac, Hardy, Tardieu, Broca, Brouchut, and others of the most eminent practitioners, have been appointed as a commission to prepare the most efficient plan for this purpose.

M. Cullerier will probably take the place of M. Ricord, resigned, and M. Cusco succeed M. Cullerier, in the *Hospital du Midi.*

A Poisoned Ring.—The Paris papers state that a gentleman who had, a few days ago, purchased some objects of art at a shop in the Rue St. Honoré, was engaged in examining an ancient ring, when he he gave himself a slight scratch in the hand with a sharp part of it. He continued talking with the dealer for a short time, when he suddenly felt an indescribable sensation over his whole body, which appeared to paralyze all his faculties, and he soon became so seriously ill that it was considered necessary to send for a medical man. The doctor immediately discovered every symptom of poison by some mineral substance. He applied strong antidotes, and in a short time the gentleman was in a measure recovered. The ring was found to be what was formerly called a death ring, in use in Italy, when acts of poisoning were frequent about the middle of the seventeenth century. Attached to it inside were two claws of a lion, made of the sharpest steel, and having clefts in them filled with a violent poison. In a crowded assembly, or in a ball, the wearer of this fatal ring, wishing to exercise revenge on any person, would take their hand, and when pressing it the sharp claw would be sure to inflict a slight scratch on the skin. This was enough, for on the following morning the victim would be sure to be found dead. Notwithstanding the many years since which the poison on this ring had been placed there, it retained its strength sufficiently to cause great inconvenience to the gentleman, as stated.

A Neapolitan Hospital.—At Naples everything is in the most disgraceful confusion. "I went to the Hospital in the Mercatello," said a friend to me, "this morning, and found a state of things which I should have deemed impossible—dirt and confusion indescribable, a crowd of visitors interrupting the regular order of things; women who ought not to have been there, and many of those busy unpractical sympathizers who would be much better in their own homes putting them in order. The Commandant told me he was disgusted with the whole thing; that there was wholesale robbery carried on, and that, in short, he should be very glad if I would lend him a strong hand to cleanse the Augean stable." I am not at all surprised to hear this, for the normal state of the Naples Hospitals has been long most disgraceful, as has been that of almost every institution. Medical men have told me that the attendants have been in the habit of extracting profit from the patients in every possible way, robbing them of the last farthing, so that there is nothing which a poor person in the country dreads more than being sent to a Naples Hospital; and all this occurred under the saintly government of the Bourbons and the immediate inspection of the priests, who were responsible for the high moral and Christian qualities of those who were selected to relieve suffering humanity!—*Letter from Naples.* (*Lancet.*)

Literary Madmen.—Histoire Litteraire des Fois (History of Literary Madmen) is the title of a somewhat curious book recently published by M. Delepierre, of Paris. In the commencement, the author remarks that the biographical history of literary madmen, or "mad literary men," is, if properly executed, a more extensive undertaking than would, at first thought, be supposed. The difficulty turns upon the precise definition of the word madman. What are the qualificatious absolutely indispensable to constitute madness? "Great wit," we know, "is oft to madness near allied:" and the line of demarcation between them is, in not a few cases, so wavering and undefined as to be almost, if not entirely, imperceptible. If habitual liability to hallucinations of a more or less intense and abnormal nature be held to be sufficient to qualify a man for the designation of madman, then many men of the most illustrious reputation were undoubtedly mad. The names of Pythagoras, Numa Pompilius, and Mahomet, will at once suggest themselves as cases in point. Pascal used always to carry about with him a mystic amulet, in the form of a strip of paper covered with writing, which was found after his death sewn up in his garments; and M. Lelut, a member of the institute, has written a treatise on the subject, in which he shows that this great man was to a certain extent mad. The same gentleman has further written another book, in which, according to M. Delepierre, he has established "calmly and scientifically" that what is called the demon of Socrates, must be regarded as nothing else than a state of ecstasy—a momentary madness. A further difficulty arises from the fact that no definite conclusion can be drawn from the coherence or extravagances of a literary production as to the sanity or insanity of its authors.

M. Delepierre quotes several pieces of poetry written by inmates of asylums, many of which are quite as good as much that is published as poetry at the present day; and it is notorious that, during an access of insanity, the patient not unfrequently breaks out into a strain of lofty eloquence or true poetic imagination, the like of which he is, in his sane moments, utterly unable to produce. It is not, perhaps, so generally known that the converse of this fact is no less true, and that men who are usually remarkable for the lucidity and elegance of their style are liable to occasional outbursts of incoherence, which would do no discredit to the most accomplished professional lunatic. M. Delepierre cites the case of a physician at New York who, having just terminated a long and difficult investigation which required for its accomplishment the fullest exercise of the highest mental powers, signalized its completion by writing to his sister in the following terms:

"*My Dear Sister:* As the Cedars of Lebanon have been walking through Edgeworth Forest so long, you must have concluded that I have returned to the upper world; but I am still in purgatory for James Polk's sins, which, if they do not end in smoke, surely have as good a chance of beginning that way as the ideas begin to shoot; for if Thomas had not left his trunk on the cart at the depot, our shades would have been a deuced sight nearer to Land's End than Dr. Johnson said they would, by the time the Yankees rebelled," etc.

In order, therefore, to reduce a subject so extensive to something like practicable dimensions, M. Delepierre continues his attention in the present essay to the cases of authors who have either been actually shut up in lunatic asylums, or who have, at least, shown themselves, by universal consent, to be amply qualified for this distinction. The instances which he cites are, for the most part, those of men whose names are not generally known, and whose sole claim to distinction appears to rest upon their exceeding madness.

Under the head of theological madmen, he seems inclined to place the authors of those devotional works, with singularly practical titles, which were so common in the times of the Puritans, of which Baxter's *Hooks and Eyes for Believers' Breeches* is a familiar example; and he gives the titles of two French works of the same class, which are certainly not less racy and characteristic, and at the same time are less generally known, *La Seringue Spirituelle pour les ames constipees, en devotion,* and *La Tobatiere Spirituelle pour fair eterneur les ames devotes.* A certain Geoffroy Vallée showed his insanity in a manner very unusual in the age in which he lived, by having a shirt for every day in the year, and by always sending his linen to be washed in Flanders, in a spring famous for the limpidity of its water. As if this were not enough, he must needs write an incoherent book on theology, which, says M. Delepierre, was burnt, together with its author, on February 9, 1574. Descending to the present century, we find one J. A. Soubira, who found a mysterious and irresistible attraction in the number 666, and published, among other works, a pamphlet having this number for its sole title, consisting of eighteen stanzas of five lines each, the favorite number being repeated at the end of each line.

Under the head of literary madmen, we have mentioned one Thomas Bishop, the author of a drama, which was printed in London in 1811, with the title, "Koranzzo's Feast; or, the Unfair Marriage: a tragedy founded on facts, 2,366 years ago, and 555 years before the birth of Christ." Among the dramatis personæ are the King of Babylon, the King of Persia, Lord Strawberry, Doctor Pill, Madam Hector, four queens, three savages, and five ghosts. The stage directions for the final scenes are as follows:—"One side of the stage represents a forest, part of which is in darkness. Two sofas,

and the appearance of a clock. Three savages in the distance." This piece was, unfortunately, never played, having been rejected, according to Mr. Bishop, in consequence of "some error."

Of philosophical madmen, one of the most remarkable was Thomas Wirgman, a goldsmith of London. He was, certainly, very mad. He spent a fortune of £50,000 in publishing his works. They were printed on paper made exclusively for the purpose, each leaf being of a different color; and, whenever any particular tint did not please him, he at once cancelled the sheet in which it occurred. Among other celebrated literary madmen discussed in this book, we find the name of Cruden, the author of the Concordance, who was partially insane at the time of writing his great work, and finally died a maniac.—*Pub. Circ.*

Blue Milk.—Dr. E. Reichardt, of Jena, relates a remarkable instance of *blue milk*, which occurred in that vicinity within a circle of several miles during last fall. The milk, and especially the cream, after standing for some time, assumed a blue color, and the cause for this anomaly could not be attributed either to the food, want of cleanliness, or influence of locality.

A careful examination into the facts, chemical as well as microscopic, disclosed the presence of a specimen of *mould*, most likely the Byssus Cœrulea, Linn. The coloring appeared at first to centre in a few isolated spots, and from them to spread through the cream downwards, and the fibres of the plant could easily be removed with a pincette for microscopical examination. This accords fully with the results of Braconnot and Bailleul, Lehmann and Fuchs, but refute the theory of E. Jones, who ascribes the blue color to an abnormal amount of phosphate of iron, as well as that of Klaproth, who derives its origin from indigoferous plants. Vallot states that some authors ascribe this circumstance to the feeding on such plants as *Hyacinthus comosus, Butomus umbellatus.*

Digitalis in Delirium Tremens.—A few weeks ago we mentioned, in our periscopic department, the treatment of delirium tremens by large doses of tincture of digitalis. In the October 13th number of the *Med. Times and Gaz.*, Dr. Ballard corroborates the statements of Mr. Jones as to the efficacy of this treatment, and gives several additional cases. "My own impression," he says, "from what I have seen and heard from Mr. Jones is, that, in tincture of digitalis, we have a true *counter-poison*—an addition to that class of mutually antidotal poisons of which opium and belladonna have been the most recent example. Alcohol is the remedy by which we counteract the depression produced by digitalis; the converse is also true; digitalis is most remarkably an antidote for alcoholism."

The Sustaining and Stimulating Treatment in France.—"It is curious," says the *London Med. Times and Gaz.*, "to watch the opinions expressed by the *élite* of French physicians on the effects of stimulants in diseases; their dread of using them, and yet partial belief in and astonishment at their utility. They are still frightened, because they find no explanation of the fact. "We admit," says the *Gazette Médicale*, "that this has been our difficulty; despite ourselves the instinctive fear of a fire (de l'incendie) prevented our acceptance of this treatment; and we have always acted with the greatest timidity in giving generous wines in these kind of affections. It was in vain that we saw the tongue become clear and the appetite increase under their influence; prejudice and dread of some unknown evil always remained behind. Our judgment accepts the facts before we give our adhesion to them."

Treatment of Ozæna.—Professor Borlée, of Liège, states his belief that ozœna is essentially a scrofulous affection, and may, just as ophthalmia, constitute the only manifestation of the diathesis. The persons he has had to treat for this annoying infirmity have all manifested the lymphatic temperament in a high degree, exhibiting also indubitable signs of early scrofula, or being descended from parents who have been themselves scrofulous. As the disease frequently occupies the mucous membrane in the deep-seated parts of the nasal cavities, injections form the best means of reaching its actual seat. The concreted mucosities must first be expelled by sniffing up or irrigating with water, this being repeated several times a-day in the intervals of injecting the medicinal substances. Of these latter, the author recommends especially nitrate of silver in the proportion of 8 or 10 grains to 8 oz. of water, tincture of iodine 1 oz. to 8 oz. of water, with 2 or 3 drachms of iodide of potassium.—*Presse Belge*, No. 23.—*Med. Times and Gaz.*

The Alleged Deaths by Burns from Phosphorus-Matches, which have been going the rounds of the press, are pronounced to be hoaxes. Dr. J. Althaus, of London, has inquired into one of the cases that had happened, it was said, to a Dr. K——, of B——, Rhenish Prussia, and found that the gentleman in question was practicing, in good health, and no such accident had happened to himself or any one in the neighborhood.

The Oxalate of Cerium.—This article, as a remedy for vomiting in pregnancy, has been attracting much attention, yet with the exception of Dr. Lee's cases in the Philadelphia Hospital, but little on the subject has been reported. Dr. William Corson, of Norristown, informs us that where he has administered it the nausea and vomiting were *increased.*

A Literary Curiosity.—Among the curiosities of literature, says the *London Medical Times and Gazette*, is "Ouranoscopia," or a Survey of the Heavens, to which is added the Gout-raptures, augmented and improved. In English, Latin and Greek lyrick Verse. By Robert Wittie, Dr. in Physick in both Universities, and Fellow of the Colledge of Physicians in London, 1681. The principal medical allusions in "gout-raptures" are the following:

Venus went forth like Juno,
And the like armour beared;
Both nights and morns was seen with horns,
And daringly appeared.
For beauty and for lustre,
Mortals were wont t'adore her;
Her very touch yet now was such,
That thousands fell before her.
Her fresh wounds I observed
Were easie to be cured;
But through neglect, or some defect,
Prov'd hard to be endured.
Though Mercury's no soldier,
Jove found him serviceable,
Who nimble quick to do some trick
Or stratagem was able.
I constantly observed it,
With Mercury who contended,
The nimble youth flew to his mouth,
His tongue and chaps were rended.
Some say wounds got by Venus,
With Mercury were mended;
But when that fail'd, and nought prevail'd,
I oft those cures have ended.

Philadelphia County Medical Society.—The next conversational meeting of this flourishing society will be held at the Hall of the College of Physicians, on Wednesday evening next, the 14th instant, at 7½ o'clock. This meeting, we predict, will be, in fashionable play-going parlance, the "*gem*" of the season, and will, no doubt, "draw a crowded house." Our prediction is founded both upon the interesting and practically important nature of the subject which has been selected for discussion, and on the popularity of the eminent gentleman who has kindly consented to introduce it. The subject is, "*The tendencies of the present day in regard to the doctrine of debility, and the treatment of disease by stimulants*"—a topic which will afford a capital field for reviewing "*Brunonianism*" as it prevailed for a short period, about the close of the last century, and which has lately been revived by Bennett, Forbes, Todd, etc. This revival of the so-called *Brunonian system* is attracting more or less attention all over the medical world, and it is predicted in certain quarters entitled to profound consideration, will revolutionize our generally received pathology, and established treatment of disease. The paper, introductory to the debate, will be presented by Dr. Gross, the distinguished Professor of Surgery at the Jefferson Medical College, who will, no doubt, if we may judge of his present views from his voluminous writings, give a fair and conservative exposition of these tendencies of the age, which, in the opinion of some of the most eminent practitioners, are fraught with danger.

Color of the Cerebral Substance in Relation to the External Pigment.—Meckel and Lecat long since noticed that the color of the cerebral substance was deeper in the negro than in the white man. The fact has been since verified, and if it has been denied by some, this has probably arisen from the means of comparison not having been at hand. M. Broca recently placed before the Anthropological Society the brain of a negro, and although this had laid in spirits more than two months, the coloring matter was distinctly cognizable, the white substance having a smoky tint. It was, however, the gray substance which was especially remarkable for its brown color. The pia mater, especially at the base, also contained patches of slate-colored pigment. M. Gubler, having had occasion to observe the above appearances in the brain of a negro, was induced also to examine whether analogous modifications might not be observed in dark-colored persons among the white race; and frequent comparison has convinced him that there is a true connection between the more or less deep color of the nervous centres, and that of the cutaneous pigment. Ehrmann has also noticed pigmentary cells in the cerebral membranes of the Malays; and Virchow has observed that such coloration of the pia mater may be often observed in whites, though he does not seem to have connected it with the condition of the external pigment, as M. Gubler has done.—*Moniteur des Sciences Med.*, No. 14.—*Med. Times and Gazette*

Gambling for Charity.—It is proposed to secure a permanent endowment for some of the London hospitals, by allotting ten per cent. from the stakes of the Derby and Oaks races every year. It is said that it would yield a yearly income of nine thousand pounds.

British and Foreign Medico-Chirurgical Review.—Dr. Sieveking has retired from the editorship of this valuable periodical. He is to be succeeded by Dr. Ogle, of St. George's Hospital, a name already familiar to readers of the journal.

Notes on Nursing, by Florence Nightingale, has re-appeared in a new edition, with a supplementary chapter.

Ricord's Successor in the Hopital du Midi is to be M. Cusco, late of the Salpetrière.

Expulsive Gingivitis.—The Paris correspondent of the *Lancet*, says:—In a recent communication to the Academy of Medicine, M. Marchal De Calvi dwelt upon a not uncommon disease of the gums and alveola. This disease, hitherto unnamed, he proposes to call "expulsive gingivitis," and as a suggestion of treatment, based upon a series of successful cases, is appended to the essay, I deem it worth mentioning. The affection consists in an inflammation of the gum and of the tooth-socket or its lining, mostly commencing by an abscess, with a subsequent slow inflammatory process. The tooth begins to emerge from its position in the jaw, deviating from the natural direction; the gum recedes, and if the malady be unchecked, the former is completely ejected from its legitimate lodging. The disease is mentioned by English authors, but seems to be, if not unknown, at all events *unnamed* in France, and constitutes the torment and bugbear of many a coquettish middle-aged lady. M. Marchal de Calvi enumerates as the causes of this unsightly affection,—first, hereditary predisposition; next, exposure to damp and cold, the neglect of cleanliness, and presence of tartar round the gum, dyspepsia or gastric irritation; and lastly, pregnancy and lactation. The remedy found most successful in cutting short the disease in its early stage, is a *watery* solution of iodine, to be brushed twice daily over the gum: the solution at first to be used weak, and subsequently stronger and stronger, until a concentrated form is tolerated.

At a late sitting of the French Academy of Sciences, Dr. Jules Cloquet produced a pair of boots made of the tanned skin of a boa-constrictor. The material is remarkably strong and supple; the scales have preserved their natural imbrication and color after the process of tanning, and the inside of the skin displays the marks of the scales in alternate reliefs and depression. Dr. Cloquet, on this occasion, observed that it would be desirable to make further attempts to introduce the skins of the inferior vertebrata into trade, seeing that, as to thickness and durability, they decidedly offer greater advantages than those of the superior classes. He concluded by stating that he intended to give one of his specimens to the Museum of Natural History, the other to the Cabinet of the Zoological Garden of Acclimatization.

The Polypharmacy of Japan.—The Japanese Doctors rival the most enlightened of our civilized Polypharmacal Physicians in their love of drugs. "After accouchement they especially play off this mania of theirs. Whether the birth be good or bad, they drench the woman with innumerable drugs, either to favor the lochial discharge, or to anticipate some distant complication. Directly the child is born they administer to the mother a tisan prepared of wood-ashes and tamarind-juice, or some other complicated decoctions. The abdomen of the woman is covered with a heap of ointments, whose composition varies according to the regions to which it is specially applied. These manœuvres are continued for many weeks, although the mother enjoy the most perfect health. The child is also subjected to numberless manipulations: his whole body is covered with thick layers of oils, balsams, and juices of plants."

A Chinese Pharmacopœia.—"Toads' flesh cures diarrhœa; that of the *gecks* tuberculous affections. The flesh of the bat gives a long life to those who eat it; its blood and bile have the reputation of curing syphilis, and its excrements are used in the preparation of certain pills. The dried and powdered skeleton of the scorpion possesses diaphoretic virtues, and cures rheumatism and syphilis. The brain of a horse makes the hair grow, its heart dried and powdered strengthens the memory, its bones remove sleeplessness;—but they must be the products of a white horse. The marrow of an ass's bones introduced into the ear during sleep cures deafness; rhinoceros' horn cures somnambulism. The urine of the tapir is an antidote against poisoning by copper."—*Gaz. Hebdomadaire.*

The Rhinoscope is a new instrument enlarging the "scope" of explarative vision of the physician; of course, as the name implies, it is a new optical instrument to explore the nasal passages. We now have

Ophthalmoscopes,
Auriscopes,
Laryngoscopes,
Rhinoscopes,

and, without doubt, before twenty years are over, we will have

Gastroscopes,
Rectoscopes,
Urethroscopes,
Uteroscopes,
Vesicoscopes, etc., etc.

Who says we do not progress?

But, joke aside, the rhinoscope is reported in the *Oesterreichische Zeitschrift für prakt. Heilk.* as of excellent service in facilitating catheterism of the Eustachian tube.

Homœopathy.—A German journal gives some details respecting homœopathy. The number of homœopathic physicians is 3,254, of whom 1,612 are in America. The number of homœopaths in Germany is 471, and 35 for animals; 21 of the former are attached to hospitals. Of hospitals in Germany there are only 10, and 9 of them are in Austria, 3 of the 9 being at Vienna. The journals which treat of homœopathy in Germany are 8, 4 of them doing so scientifically, the rest for the ordinary public. The largest society of homœopaths is in that country; it consists of 230 members, and holds

annual sittings. In France there are 403 homœopaths, in England 244, (with two hospitals at London,) in Spain 94, (with a hospital at Madrid,) in Belgium 26, in Holland 7, in Switzerland 34, in Italy 14, in the Scandinavian countries 12, in the Danubian principalities 4, in Russia 67, (with a hospital at Moscow,) in Portugal 47, in Asia 4, and in Africa 6. The rest are in America.

The Annual Meeting of the New York Academy of Medicine was held on Wednesday evening last at the rooms of the Historical Society. Dr. John Watson delivered the annual address, of which the following is a short abstract:—

The philosopher, said he, may be beyond others, yet he is never beyond the age in which he lives. Bacon, Luther, and others, while soaring above the common mind, were still subservient to the usages of those around them. The mass of men may be said to exercise no opinion at all of their own, but follow the beaten path; and the physicians fall into this error as well as others. Men of this character are like the unskillful pilot, whose blunder in a calm sea may do no harm, but when the tempest breaks over them this carelessness is the means of destroying themselves and others.

He proceeded to explain what a true physician should know, enumerating the benefits of a thorough education, carefulness, and the great necessity for scientific research; but, passing from these, an ample education will not always guard against error and the delusion of hypothesis.

In the choice of books, the physician is not tied down to any age or volume, but every thing is open to him, and the habits of study acquired in youth are always to be continued, and practice would not always give perfection. Abercrombie, Sydenham, and others, who have done so much to advance the science of medicine, did not obtain all their information from practice, but from close study. He did not wish them to be too multifarious in their pursuits, but to have some object before them, and to follow it, as too many things will naturally weaken all. Although sometimes unsuccessful in our own pursuit, we still fall upon something that may improve us. The old alchemists, who were searching for the philosopher's stone and the manufacture of gold by artificial means, although unsuccessful in their pursuit, still discovered many things that the world has now to thank them for. He called upon them to be united in their labor, and to ask and give advice, so as to benefit the cause. The motto of the physician should be like that of the old backwoodsman—'Be sure you are right, then go ahead.' He was of opinion that the physician should contribute to the press of the country, so as to allow all to judge of what was doing in the profession, and to permit the country physician to benefit by the experience of the city practitioner. He then proceeded to glance over the traits necessary for a person to possess in order to become a student of medicine. Mildness, energy, courage, assiduity, were all necessary, and without them little could be accomplished. A physician should always have a thorough knowledge of the world, and be able to understand the patient that he is called upon to cure. He is not to examine a patient as if he were a bale of goods, but should condole with him, and thus obtain his sympathy.

The skillful use of such knowledge may be of great use to the suffering patient. The speaker here related many anecdotes of the manner in which several patients were restored to health by the cheerfulness and sympathy exhibited by their medical attendants. He then spoke at some length upon the benefit of exercising our mental faculties, and to let pass nothing that could be rendered useful to ourselves or others. The physician, particularly, should be of a penetrating character, and able to discern the difference between things that would not attract the notice of the casual observer. The trials and scenes that a physician sees, and comes in contact with, very frequently tend to make him sombre and quiet, if not dull; and to counteract this, he should go into society, and enjoy the light pleasure of refined life, but by no means should he indulge in frivolity, as steadiness of character is actually necessary to a physician both as student and practitioner. He should never permit his love of money to get the better of his usefulness; and generosity should at all times be a striking trait of his character. Many instances were recorded of acts of benevolence and generosity on the part of good physicians, and many were the charitable acts that they do which never are known, or ever will be, in this world. In conclusion he called upon the medical profession to continue in the performance of their duty, and thus obtain the gratitude and veneration of the world.

At the conclusion of the discourse, Dr. Smith offered a resolution that the members return a vote of thanks to Dr. Watson for his address. The resolution was unanimously adopted.

The officers for the ensuing year are as follows:—President, Dr. John Watson; Vice Presidents, Drs. Foster, Buck, and Vanpelt; Domestic and Foreign Corresponding Secretary, Dr. J. W. Green; Trustees, Drs. Anderson, Wood, Kissam, Harsen, and Hubbard.

The Medical College of Virginia, we learn from the Maryland and Virginia Medical Journal, is in a very prosperous condition. More than one hundred and thirty students have already matriculated. A hospital has been erected on the grounds of the college, which will be opened at new year.

Health of Iowa.—A correspondent of the *World* writes as follows:

One of the great sources of annoyance to eastern people, who remove to the West, is the dread of intermittent and remittent fevers. These have been found to prevail in the new countries as a result of breaking up the soil, which exposes to the influence of the atmosphere much decaying vegetable matter. But in countries so far North as the latitude of Dubuque, and particularly in high lands, where drainage is naturally good, these fevers are much less prevalent. Now in Iowa the bluffs rise from 200 to 300 feet, just back of the Mississippi, and gradually increase to perhaps a height of 500 feet in the course of a few miles; and at this elevation the country stretches away for hundreds of miles toward the Missouri river in rich rolling prairie, which affords the most perfect system of natural drainage. Hence those intermittent fevers, which are the scourge of the lowlands, are quite unknown in northern and central Iowa. The same is true to a great extent of Minnesota and Wisconsin. But it is not only in regard to these particular diseases that the State enjoys the blessings of health, but the United States census for 1850 assign to Iowa the third place in health among the States of the Union, placing it after Wisconsin and Vermont.

The annual fall of rain in Iowa—situated, as it is, midway between the oceans—only slightly exceeds one-half that of the Eastern States, and three-fourths of this rain falls in the spring and summer.

Digitalis in Delirium Tremens.—The article recently copied from an English journal on the administration of very large doses of the tincture of digitalis in delirium tremens has attracted much attention. The English officinal tincture is of the same strength as that of the the U. S. Pharmacopœia. A practitioner of this city has informed us that he has frequently prescribed the tincture in drachm doses during acute inflammations, but the use of the article in half-ounce doses in conditions in which the arterial sedative effect is not apparently indicated seems extremely hazardous. Yet it is claimed that the effects of digitalis in inflammatory affections and in delirium tremens are exactly contrary. In inflammatory disease it subdues and regulates the pulse, whilst in delirium the pulse is by it increased in force and fulness.

M. Vella has made new experiments on the effects of woorara; and concludes therefrom that the woorara is capable of completely destroying the effects of a fatal dose of strychnine. Consequently, the two poisons are antagonistic; and what shows the fact very distinctly is this; that by mixing woorara and strychnine, the poisonous effects of these substances, instead of being increased, are neutralized.—*Med. Times and Gazette.*

Statistics are at present the rage in Paris. An enthusiastic proficient in that study lately calculated that fifteen milliards of men have perished in the various wars which have been waged since the creation of the world. Carrying his calculation still further, he estimates the blood shed in these wars at 3,560,000 barrels; and, taking the weight of each man at an average of 100 lb., he concludes that 1,560,0000,00 lb. of human flesh have been cut to pieces by hostile weapons.—*Medical Times and Gazette.*

Verdict of Manslaughter against a Bone-setter.—Mr. Evan Thomas, bone-setter, of Liverpool, has been committed by the Coroner for the county of Chester and the magistrate of Birkenhead, and is to take his trial on a charge of of manslaughter at the Chester Assizes.

I have seen a testicle with a small firm cyst adherent to it, which contained a worm of that sort called vena medinensis, (Dracunculus, Guinea worm.) This is a worm of considerable length, with a smooth surface, and an uniform appearance; at the posterior extremity it terminates in a slender hook-like process, and at the anterior is a rounded opening or mouth. This testicle had probably belonged to a man who had visited some of those climates in which the vena medinensis is found, and who had brought it over with him to this country.—(*Bailie*, 1808.)

Gratuitous Services to Hospitals.—The Medical Literary Society (England) have recently discussed the question of gratuitous services to hospitals, and have passed a resolution approving the principle of payment to medical officers in public institutions.—*Lancet.*

COMMUNICATIONS RECEIVED.

Connecticut—Dr. A. Pratt, (with encl.)
Illinois—Dr. B. Woodward.
Iowa—Dr. E. J. Fontaine, (2.)
Kentucky—Dr. Wm. Hays, (with encl.)
Louisiana—Dr. N. B. Benedict, Dr. M. L. Knapp.
Minnesota—Dr. J. H. Murphy, (with encl.)
Mississippi—Dr. S. Morton, (with encl.)
New Jersey—Dr. J. S. Cook.
New York—S. M. Pettingill & Co., Clark, Austin & Co., (with encl. for Dr. Shattuck,) Dr. A. Norris, (with encl.,) Dr. G. T. Elliott, Dr. Macnicholl (5,) Dr. C. T. Evans, J. Winchester, (with encl.,) Dr. R. W. Clark, Dr. Lane, (with encl.,) Dr. Brion, (with encl.,) N. Y. Medical College, (with encl.,) Dr. H. C. Murphy, (with encl.,) Dr. E. S. Gaillard, Dr. B. A. Mynderse, (with encl.,) Dr. L. Ellwood, (with encl.,) Dr. J. Van Ingen, (with encl.,) Dr. J. L. Boulware, (with encl.,) Dr. C. C. Smith, (with encl.,) Dr. A. Hoff, (with encl.,) Dr. A. Fowler, (with encl.)
Ohio—Dr. J. T. Leslie, (with encl.)
Pennsylvania—Dr. A. K. Seem, (with encl.,) Dr. J. A. Reed, Dr. C. R. Cowdrick, (with encl.,) Dr. I. R. Bucher, (with encl.,) Dr. J. Kern, (with encl.,) Dr. A. G. Cross.
Rhode Island—Dr. E. M. Snow.

Office Payments.—W. H. Cook, By Mr. Swaine: Dr. C. T. Goodwin, Dr. Schofield, J. M. Maisch, (adv.,) Dr. McClenachan, (adv.,) Philadelphia Dental College, (adv.)

MORTALITY OF CITIES DURING THE WEEK ENDING OCTOBER 27, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	228	390	103	145	73	.....	.....	21	12	.....	87
Males	124	207	48	69	40	.....	.....	13	8	.....	58
Females	104	183	46	61	33	.....	.....	8	4	.....	28
Sex not stated	.....	.....	9	15	.....	.....	.....	.....	.....	.....	1
Whites	214	383	74	119	.....	.....	.....	13	12	.....	86
Black and colored	14	7	20	22	.....	.....	.....	8	.....	.....	1
United States	174	253	.....	59	.....	.....	.....	16	11	.....	.....
Foreign countries	53	137	.....	55	.....	.....	.....	5	1	.....	.....
Nativity unknown	1	.....	.....	41	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	6	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	6	.....	.....
Ages.											
Under 5 years	115	197	49	50	25	.....	.....	4	7	.....	48
5 to 10 years	8	15	5	8	9	.....	.....	4	1	.....	
10 to 20 "	7	14	2	6		.....	.....	3	1	.....	
20 to 50 "	57	118	26	59	39	.....	.....	5	1	.....	39
50 and over	41	46	18	12		.....	.....	5	2	.....	
Unknown	.....	.....	3	10	.....	.....	.....	.....	.....	.....	
Causes of Death. *Zymotic Diseases.*											
Croup	5	20	9	.....	1	.....	.....	2	.....	.....	3
Cholera Infantum	3	10	.....	.....	2	.....	.....	.....	.....	.....	3
Cholera	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	3	6	.....	5	2	.....	.....	.....	.....	.....	10
Diphtheria	15	6	.....	3	.....	.....	.....	.....	3	.....	5
Dysentery	.....	5	.....	5	1	.....	.....	1	.....	.....	.....
Erysipelas	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	.....	.....	1	3	.....	.....	.....	.....	.....	.....	1
Fever, intermittent	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1
" pernicious	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
" typhoid	5	9	.....	1	5	.....	.....	3	.....	.....	3
" typhus	1	9	.....	1	.....	.....	.....	1	.....	.....	.....
" scarlet	15	17	2	6	5	.....	.....	.....	.....	.....	1
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	5	4	2	.....	.....	.....	.....	1	.....	2
Measles	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	2	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	8	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	.....	3	.....	2	1	.....	.....	.....	.....	.....	1
Congestion of Lungs	3	2	1	.....	1	.....	.....	.....	1	.....	2
Consumption	25	60	18	24	8	.....	.....	3	.....	.....	10
Pneumonia	10	26	3	6	7	.....	.....	.....	.....	.....	4
Hemorrhage from Lungs	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Pleurisy	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	6	8	2	2	1	.....	.....	.....	.....	.....	7
Convulsions	10	29	1	16	2	.....	.....	1	.....	.....	2
Congestion of Brain	8	11	.....	3	2	.....	.....	1	.....	.....	.....
Disease of Brain	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Delirium Tremens	.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	5	14	4	.....	1	.....	.....	.....	.....	.....	.....
Inflammation of Brain	6	9	4	2	.....	.....	.....	.....	.....	.....	1
Paralysis	5	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tetanus	1	2	.....	4	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	.....	7	4	.....	.....	.....	.....	.....	.....	.....	.....
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	3	.....	3	1	.....	.....	.....	.....	.....	.....
Gastritis	.....	1	.....	.....	1	.....	.....	.....	.....	.....	1
Hepatitis	4	2	1	1	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	.....	2	.....	3	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	9	9	2	3	.....	.....	.....	.....	.....	.....	4
Marasmus	10	25	.....	4	2	.....	.....	1	.....	.....	1
Peritonitis	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	1	.....	2	.....	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Dropsy	10	5	2	7	1	.....	.....	.....	.....	.....	2
Debility, etc	17	8	.....	4	2	.....	.....	1	.....	.....	5
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	1	.....		.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	3	.....	.....	.....	.....	.....	.....	.....	.....
Fever	.....	4		.....	.....	.....	.....	.....	.....	.....	.....
Diseased Womb	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	6	18	.....	2	4	.....	.....	.....	.....	1	3
Poisoning	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	12	.....	9	5	.....	.....	.....	.....	.....	.....	6
All other causes	12	31	32	9	20	.....	.....	4	5	.....	8

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*** The Chairs of Physiology and Materia Medica are vacant, but will be filled in time for the opening of the Session.
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Thos. A. Whitney, Assistant Demonstrator.
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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 213. } PHILADELPHIA, NOVEMBER 17, 1860. { NEW SERIES, VOL. V. NO. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

The Subcutaneous Application of the Metallic Ligature to the Cure of Varicose Veins of the Leg.

By R. J. Levis, M. D.,

Surgeon to the Philadelphia Hospital.

The permanent interruption of the continuity of a varix is admitted to be the only means of its radical cure. Every variety of treatment in which the column of blood in a vein is merely sustained by external mechanical pressure, or by which the dilated vessels are compressed, is either palliative or temporary.

With this admission, the accomplishment of the former object is certainly, therefore, a desideratum in surgery. But there is unfortunately connected with the usual operative procedures for the obliteration of varicose veins a hazard to life which is too great to be incurred by such a recourse in ordinary cases, and the opinions and practice of surgeons at the present time are not favorable to the methods hitherto proposed for the radical cure of varicose dilatation of the veins of the leg.

The danger of operations for the cure of varicose veins is well known to be an uncontrollable phlebitis, with its consequences of erysipelas, pyæmia, etc. Notwithstanding these familiar dangers, the operation has undergone a varied appreciation of favor and condemnation, and has been from a remote period subjected to endless modification with the object of securing immunity from the risks which have ever attended it. The rude procedures of Ali-Abbas, who, after cutting down upon the veins, violently tore them out, or of Paré, who dissected out the entire varicose trunks, were superseded by the milder methods of excising a portion of the vein, subcutaneous section, transfixing with needles or pins, enclosing in simple ligatures, etc.

At the present time, almost the only methods resorted to in the comparatively few instances in which an operation is advised, are Velpeau's pins and twisted suture, and the trifling operation of applying caustics to the integument at points along the course of the veins.

The former operation, although until recently the simplest and safest, has sometimes attendant evils and an occasional fatality which have prevented its general adoption. The latter, from its inefficiency, receives but little confidence; my own experience in it being that but little benefit is gained from it apart from the temporary relief from rest in the horizontal position enjoined while the consequent ulcers are healing. Very recently, and since I have been in the habit of ligating varicose veins with wire, Dr. Bozeman, of New Orleans, has published an account of his successful application of his "button suture" to the cure of varicose veins.

The many practical illustrations of the unirritating quality of metallic threads in the tissues, which have occurred to me, suggested very early their application as a ligature in the common varicose dilatations in the leg, in which the ordinary means of ligation proves an irritant often serious in its consequences. The first opportunity for the treatment of varicose veins by a plan which I had devised, occurred in December, 1859. Since that time I have repeated the operation with entire success, and attended with no unpleasant concomitants, in twenty-three cases. Some of these cases occurring in the wards of the Philadelphia Hospital, have been reported by the resident physicians, and the uniformity of the operations, and the progress of all the cases, are such as to render their detail at present immaterial, the object of this article being simply to illustrate the peculiarities of the operation.*

To perform the operation it is important that the veins be distended, so as well to determine

* See Med. and Surg. Reporter, Vol 4, p. 354, 420.

their outlines and avoid any risk of wounding them. This may be accomplished by putting a band around the limb above the knee, while the patient is in the erect position; or this may be rendered unnecessary by performing the operation whilst the patient continues standing. If the latter position be chosen, the patient, in order to have the leg at a convenient height, stands on a chair or table which is placed by a wall, against which he steadies himself.

The points chosen for ligature are, first, the trunk of the saphena, at the highest point where there is evidence that, owing to the abnormal dilatation, its valvular structure is imperfect; then the largest and most superficial veins, at places where they are most isolated; and, finally, those in the neighborhood of ulcers or eczematous eruptions of the integument.

The only instruments and appliances essential are a long straight needle, some silver or iron wire, adhesive or isinglass plaster, and a roller bandage. The needle should be straight, and two and a half or three inches in length, and differing from the common surgical needle in having a sharp, round point, which *perforates without cutting*. In the absence of a needle properly adapted for carrying the wire ligature, an ordinary fine darning needle will be quite suitable.

Experience has proved to me that a straight needle is much more manageable for directing the point accurately than the usual curved one, and the policy of avoiding the cutting or spear point, where, as in the varicose state, even the innumerable veinous capillaries are often in a varicose condition, and which, when wounded, pour out blood profusely into the cellular tissue, is obvious.

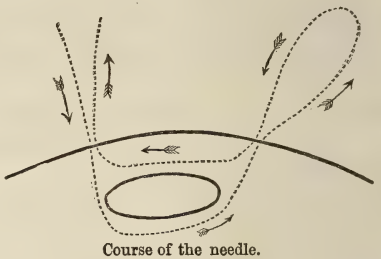
The wire had better be of a fine gauge, as number thirty, or finer. Pieces of adhesive, or isinglass plaster, the latter preferred, one or two inches square, are useful. The bandage may be six or eight yards in length, and two and a half inches wide. A wire-twister is a convenience but not an essential to the operation.

The patient being in a proper position, the operation is commenced by feeling for the edge of the vein to be ligated, and entering the needle perpendicularly until a point beneath the under surface of the vein is reached. Then the shaft of the needle is depressed and its point pushed horizontally beneath the vein until it makes its exit through the integument on the opposite side of the vein. This exit is facilitated by pressing on the integument with the fingers of the left hand over the point of the needle. After the needle is withdrawn, leaving a wire beneath the vein, it is *reëntered at the same orifice*, but this time passes *above the vein*, traversing the space between the integument and the vein, and makes its exit at *the point of original entrance*.

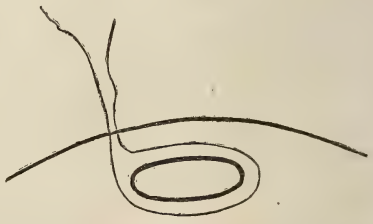
A slight pulling on the wire draws beneath the skin the loop of wire left on the opposite side of the vein, and all that is seen of the wire is its two ends projecting from the same orifice. Thus the vein is surrounded by a single wire.

Proper care will avoid a risk of wounding the vein, but if there should be evidence that this has occurred, the needle ought to be at once withdrawn and another point for the operation selected.

The accompanying outlines, to make the matter more explicit, illustrate the course of the needle and wire, and the manner in which the wire encircles the vein.



Course of the needle.



Wire surrounding the vein before being tightened.

The wires are then pulled sufficiently tight to simply constrict the vein, approximate its sides, and stop the circulation through its calibre. The object, be it understood, is not to induce a rapid ulceration through the coats of the vein. In this, my own practice differs from the directions generally given for the ligature of varicose veins, and on this peculiarity, perhaps, depends its apparently absolute safety. It is true that to insure a perfect closure of a varix it is necessary that it should be actually divided, but this division is best accomplished slowly, and only after the slight pressure on its walls has excited

within a plastic exudation which agglutinates them. Exposure of an opened vein to a pyogenic surface is in this way with certainty avoided.

The pressure made on the vein by pulling the ends of the wire is secured by twisting them. This may be done by means of the fingers, forceps, or the wire twister. A simple form of the latter instrument, which I prefer, being easily placed on the wires without threading through holes, as in the form of instrument generally used, is herewith represented.

Wire Twister.

The wire is finally cut off, leaving an inch or more, which is laid flat upon the skin; the place of operation is covered with a small piece of adhesive or isinglass plaster, and a roller bandage envelopes the limb up to the knee. If an ulcer exists on the limb, it is to be simply covered, previously to the application of the bandage, with several thicknesses of dry lint.

The patient rests horizontally, without disturbance of the dressing, for ten or twelve days. After this time all dressing is removed, and traction is daily made on the wires to accelerate their removal. But little more confinement of the patient is usually requisite. Decided relief from swelling of the varices is experienced, and he is frequently able to walk about with comfort long before the wires are removed. In one of my cases, a laborer had two wires remain in his leg for eight weeks, during the latter part of which time he continued his occupation with but little inconvenience; in another case the ligatures, six in number, were all spontaneously removed on the fourteenth day.

On removal of the bandage on the leg, the ulcer, if dependent on the varicose condition, usually seems to be really *dried up*, and cicatrizing rapidly follows.

The satisfactory progress of the cases in which I have performed this operation induces me to advise a recourse to it as the usual resort in this much neglected affection. As to the question of operation, and choice of cases for it, I would say operate in all cases where the varices are painful or where ulcers are produced or are kept up by them.

It has been objected to any operation for the obliteration of varicose veins that, closing one trunk is liable to produce dilatation in a collateral branch, or merely transfers the affection to the deeper veins. Should the former occur, as it sometimes does, the simple repetition of the operation ensures a final success. The latter affection is unknown to me, for I look upon varix of the leg as practically a disease of the saphena vein and its branches, caused usually by atony of the veinous walls allowing them to yield under the gravity of a colum of blood; or to the engorgement caused by violent muscular contraction suddenly pressing the blood from the deep-seated veins into the unsupported superficial veins; or occasionally to mechanical impediments to the returning circulation, as constriction at the saphenous opening, pressure of tumors, etc.

The number of cases to which my experience has been limited, is, I am aware, not great enough to prove the invariable efficiency of the operation, or to establish its absolute immunity from danger, but these cases have illustrated to me very decidedly the superiority of the metallic ligature over any other material, and have convinced me that its application to this purpose will entitle the operation of ligation of varices of the leg to a more favorable consideration than it has hitherto received.

Cases in Aural Surgery.

By Laurence Turnbull, M. D.,
Aural Surgeon to the Howard Hospital.

DEAFNESS FROM THICKENING OF THE MEMBRANA TYMPANI, AND DISEASE OF THE EUSTACHIAN TUBE.

On September 14th, 1860, D. F. G——, a gentleman from Georgia, applied to me for relief of deafness, from which he has suffered during the last five or six years. Numerous local applications had been resorted to, various kinds of oil, etc., been dropped into the ear, without, however, producing much benefit. He had been, for a time, under the care of a traveling aurist, who, he stated, applied counter-irritation over the mastoid process, and dropped some liquid in his ear; but this also had not resulted in any amelioration of the difficulty.

History and Etiology.—About five years ago, the patient had a fish-pond constructed, to which he resorted every morning for the purpose of bathing, plunging himself into the water head-foremost. The first disagreeable sensation, after continuing this practice for some time, was, when in his capacity as post-

master, he rumpled papers. The sensation was as if his teeth were "set on edge," by some disagreeable friction-sound in the paper. This remained for some time, but gradually diminished, and in its place he had a constant singing noise. He applied to his regular physician, who gave him some application to his ear, which, however, did him no good, and he found every slight cold increasing his distress.

Present Symptoms.—The patient is able to hear conversation in a clear, loud, distinct voice, well. Low notes of music, and even the chirp of a cricket, he says, he is able to hear; but general conversation in a room he cannot enjoy. When riding in a buggy, or in the cars, he can hear conversation better, which is accounted for by the elevation of voice necessary to overcome the noise when riding.

On *examining* his ears by the speculum, I find them to be filled with oiled cotton; secretion scanty; but the mucous membrane presents a natural appearance. The membrana tympani is thickened and opaque; the outline of the malleus can be seen. Both Eustachian tubes are thickened, and admit air but imperfectly.

The prognosis is unfavorable.

Treatment.—Free dilatation of the Eustachian tubes by means of bougies or sondes, or the air douche. Apply to the membrana tympani a solution of nitrate of silver, gr. ii, to glycerine, ℥i, every third day. Internally he is to use granules of bichloride of mercury, 1-12th of a grain once a day. When last heard from, the noise in the ears was less, and the hearing had improved.

RASPBERRY POLYPUS—DEFECTIVE HEARING.

On September 22, 1860, E. M. C., aged about 20, a pupil of the University of Pennsylvania, brought a letter of introduction from his uncle, a distinguished physician, of Montgomery County, Pa., stating that his nephew was somewhat defective in hearing, and requesting me to take him in charge. He had removed a small polypus from one of his ears about a year ago, and afterward had applied blisters and nitrate of silver.

On testing his hearing, it was found that he could not hear the ticking of a watch, until closely pressed against the ear. He suffered from a disagreeable discharge, and at times had considerable pain. There was no obvious thickening of the Eustachian tubes, nor were they filled with mucous secretions.

On careful inspection, by bright sunlight, through a silver speculum, the whole of the epithelial coating of the meatus on the affected side was found to be removed, and the ear filled with flakes of mucus mixed with yellow pus. After removing this carefully, a polypus was found covering the membrana tympani entirely and filling up one-half of the meatus; it was soft, and as the parts were in a highly irritable condition, I directed a mild astringent wash, and requested him to return on the 25th for the removal of the morbid growth.

After cleansing out the ear, and drying it with cotton wool, I introduced a speculum down to the polypus, and taking a small piece of *potassa cum calce*, the patient holding the speculum in place and straightening the meatus, I carefully touched the surface only of the polypus with the caustic. At first there was no pain; the color of the polypus changed immediately from a bright red to an almost livid hue and shrinking. After a few minutes, pain came on, which yielded, however, to injections of tepid water thrown in, in a full stream.

There was a sense of giddiness produced. This I had noticed before, and in one case it was accompanied with cough, and even pain. It is accounted for by the pressure of the polypus upon the membrana tympani and the chain of small bones, causing a movement of tension in the cavity of the vestibule, and this upon the auditory nerve, which in turn reflects upon the brain.

Oct. 11. Discharge less, diminished one-half; renewed the application, and directed liquor plumbi sub-acet. half a teaspoonful to be dropped into the ear, after being carefully washed out.

Oct. 17th. Polypus almost gone; discharge still less; continue the treatment.

CASE OF DEAFNESS FROM MUCOUS ACCUMULATION IN THE EUSTACHIAN TUBE.

Robert W., aged 62, foreman of a cotton factory, receiver and giver out of work, gives the following history of his case:

He first felt his left ear affected after a very cold term last winter, (1859,) a door opening right upon his ear, and ever since, he has had a humming sound, like that of a saw or planing mill, in that ear. On advice of his physician, he did nothing to the ear until warm weather set in, when the former syringed both ears. Nothing, however, was brought away, and his difficulty became worse. The patient was then

advised by some one to use sweet oil (ʒss.) with sassafras oil (5 drops) in his ear. This he did, but without obtaining relief. He next tried sweet oil and laudanum, then a solution of creasote, and lastly sulphuric ether, having seen a notice of the wonderful powers of the latter in one of the papers, all without avail.*

When I saw him there was no pain. The hearing distance of the right ear was two feet; of the left only two inches. The external meatus normal; membrana tympani slightly opaque, of natural form; the handle of the malleus is readily seen. The meatus is very narrow, requiring the smallest speculum, and even that pressed down. The Eustachian tube is found filled with mucosities. On shutting the nose and mouth and making the effort to swallow, but little air is found to strike upon the membrana tympani in the middle ear.

Prognosis, favorable; but the case will require much more time for a permanent cure than it would, had it been taken hold of at once in the acute stage, which the physician, who saw the patient first, neglected to do.

Treatment.—One-twelfth of a grain of the bichloride of mercury twice a day; counter-irritation over the Eustachian tube, and dilatation of the same; with some astringent gargle. For the slight opacity of the tympanum, a few drops of a solution of nitrate of silver, 1 grain to the ounce of glycerine, to be used, and the patient directed to take snuff occasionally.

On the Use of Mullein (Verbascum Thapsus) in Chronic Bronchitis.

By H. Wilson, M. D.,
Of Boonsboro', Maryland.

Chronic bronchitis is universally admitted to be one of the most obstinate and difficult affections with which physicians have to deal. This difficulty proceeds more from the locality than the nature of the disease; more from a want of access to the mucous membrane of the bronchiæ, than the absence of proper remedies to control the affection. Counter-irritation and the inhalation of chlorine, iodine, and expectorants, with such like means, have been used for centuries, but all physicians know, from experience, that the benefits derived from their use are, merely temporary and palliative, and seldom bring about a radical cure; still they are the best remedies which we have at command, and it is but right that we should avail ourselves of their medicinal virtues. The long-standing inflammation of the lining membrane of the bronchiæ seems to demand the contact and application of some powerful agent, in order to produce a new impression, and thereby change the morbid action of the part, before a healthy reaction ensues.

The successful introduction of the probang, armed with a sponge and nitrate of silver, as employed by Dr. Horace Green, of New York, into the larynx and trachea, has been a great triumph for American science, and peculiarly adapted to accomplish the desired result. By this means he has been enabled to apply cauterization to the diseased mucous membrane of the bronchiæ, and in a short time to destroy all traces of morbid inflammation. But how few are there who can do what Dr. Green has accomplished? The precise knowledge of anatomy and skillful manipulation of the probang, which are required to introduce that instrument through such a narrow opening as the rima glottidis, will induce most surgeons to pause before the attempt is made. If such men as Professors Erichsen and Trousseau, with Dr. Marshall Hall, and other eminent European surgeons, declared that its introduction was an impossibility, without producing death, it can scarcely be expected that physicians and surgeons, who have little opportunity of experimenting on the living or dead subject, would undertake such a delicate operation. It is, therefore, of little practical benefit to the majority of surgeons.

The frequency with which bronchitis is met among clergymen and others, renders the discovery and use of any means which may be serviceable, either as palliative or curative, a matter of importance. For several years past I have been in the habit of using a remedy, which may not be new, but which far surpasses that of any other which I have tried in relieving and, in many instances, entirely eradicating the affection. I refer to the leaves of the common mullein, (verbascum thapsus,) dried, and smoked in a pipe. In that form of the disease in which there is dryness of the trachea, *with a constant desire to clear the throat*, attended with little expectoration and considerable pain in the part affected, the mullein, smoked through a pipe, acts like a charm and affords instant relief. It seems to act as an anodyne in allaying irritation, while it promotes expectoration and removes that glutinous mucous which ga-

* I have used ether of late repeatedly in cases of deafness, but without any apparent effect.

thers in the larynx; and, at the same time, by some unknown power, completely changes the character of the disease, and, if persevered in, will produce a radical cure.

In no respect are its beneficial effects more striking than in its power of immediately allaying the incessant desire of "clearing the throat," which is a source of constant annoyance to the patient, and which is so apt to disturb his rest at night. The remedy needs but to be tried to prove its efficacy.

I will give two or three cases in point. A few months ago, the Rev. Mr. S., a minister, who had been preaching regularly for several years, came to my office and told me that he intended shortly to discontinue his vocation, as he found it impossible to preach in consequence of a sore throat. He said he had been suffering for several years, and now found his health growing rapidly worse. He regretted the necessity very much, for many reasons. I examined his case, and found he had chronic bronchitis. He told me he had been constantly under medical advice, and had tried everything, but nothing had done him any good, and now he had become quite discouraged. I recommended to him the mullein, which he promised to give a faithful trial. In two months from that time he returned to me, looking the picture of health, and in fine spirits, and told me he felt himself entirely relieved. He said money could not induce him to part with the remedy. Wherever he goes he carries his pipe, though he has had no return of the disease.

Shortly after this case, I had that of a young lady, who had been suffering for two or three years. She had been under the care of an excellent physician. In addition to the inflammation of the bronchiæ, which seemed inclined to extend to the lungs, her larynx and pharynx gave evidence of considerable inflammation. She also was annoyed with a constant hacking cough and a desire to clear her throat. The usual remedies had been tried in her case, but without any beneficial effect. In two weeks' time, by means of her pipe and the mullein, she experienced wonderful relief, and is now, to all appearances, convalescent. Her fears have been allayed and her health restored.

I, myself, for ten years, was a sufferer from chronic bronchitis. Every evening I became hoarse, and experienced great pain, dryness of the trachea, and a constant desire to clear my throat, which, in doing, not only disturbed my own slumbers but that of others. I tried cauterization of the pharynx as low down as possible with argenti nitras, counter-irritation, expectorants, and inhalation, but all to no purpose; finally, I commenced the use of the mullein, and nothing could have been more speedy and efficient in affording relief. I would recommend its trial as the best means of testing its virtues.

The mullein may be gathered from almost any field at all seasons, and should be first dried, and the leaves smoked in a pipe like tobacco, at least two or three times a day. It is not unpleasant, and, unlike tobacco, requires almost constant smoking or drawing, or the fire will go out.

The remedy is simple and harmless, but potent. It is one of those means which nature has so bountifully supplied, which are within the reach of all, and is but an evidence that we need not resort to chemical combination for all our most valuable remedial agents; but, if we look around, we may find them at hand, ready for application.

Imperfect Development of the Cranium of a Fœtus.

By G. M. Staple, M. D.
Of Dubuque, Iowa.

On the morning of the 30th of October last I was called to attend Mrs. D. in her second confinement. The os was fully dilated, and the unruptured membrane, at each pain, descended quite to the perineum. During the absence of the pains my finger detected, in place of the cranial bones, a soft pulpy mass, apparently of exquisite sensibility, as the fœtus would, at each touch, bound away with sufficient force to make the mother cry out. At a loss to determine the condition of things, I immediately ruptured the membranes, and then only after a patient examination could I satisfy myself that the head presented. In thirty minutes my patient was delivered of a living female child, presenting the following peculiarities:

There was an entire absence of the parietal and frontal bones, as far forward as the superciliary ridges. The deficiency extended downward, between the ridges, to the nasal bones.

The antero-posterior diameter of this abnormal fontanelle was three and one-half inches, measuring from the inner table, and its transverse two and five-eighths. The integuments terminated abruptly at the edge of the cranial bones, as did, also, the duramater and arach-

noid, leaving the pia mater as the only covering of the cerebrum. This membrane was ruptured posteriorly during delivery, and about an ounce of blood lost.

The child was, in every other respect, well developed, and weighed eight pounds. It lived 77 hours, during which time respiration was performed with about half the usual frequency, and deglutition occasioned considerable difficulty.

The mother, a stout, hard-working woman, had, as is usual, an explanation for the phenomena in the shock she experienced from witnessing the execution of a criminal a few months previously.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

TWO CASES OF PNEUMONIA COMPLICATED WITH TUBERCULOSIS.

Case 1. The first patient suffering from these diseases is a man, about 25 years of age, who entered the hospital nine days ago.

Though not well marked, his physiognomy presents the appearance of a man suffering from pneumonia. The nostrils are dilated, and there is a slight flush upon both cheeks—less marked, however, than ordinarily in pneumonia, because the patient is anæmic. The patient breathes with his mouth open, a condition frequently found in cases of difficult respiration from various causes. There is a dull, heavy appearance of the eye.

The patient has had very little cough, except when the trachea became irritated from the accumulation of bronchial secretions. There has been little or no expectoration. The brain is not effected; there has been no delirium, no headache, no epistaxis.

The pulse is frequent—115 per minute; the patient is free from pain, as is the case in many cases of pneumonia. The respiration is from 30 to 40 in a minute. The frequency of respiration in pneumonia depends chiefly upon the extent of diseased lung.

Physical Examination.—There is dulness on the right side, more marked over the middle and upper portion of the lung. There is rude respiration at the upper part, and subcrepitant rales toward the middle. Yesterday the râles were finer. On the left side there is a trace of rude respiration. In front, the rude respiration is more marked and connected with subcrepitant ronchus.

There is, on percussion, some dulness on the right side. The patient has lost flesh for some time back, and is quite anæmic. All these are very suspicious indications, leading to the inference that, beside the pneumonia, the patient has tubercular disease.

Treatment.—If it were our object to kill this patient, we would bleed him. It is one of the most important points in the treatment of pneumonia to know when we are not to bleed. Venesection should never be resorted to when the patient is feeble, and when the disease has progressed several days. An ordinary pneumonia gets well of itself in ten to fourteen days. Now, it would be absurd to take blood from the arm of a patient on the eighth or ninth day, when the physical signs are already beginning to ameliorate, as in this instance; we would thereby only weaken the patient and render convalescence slower. On the contrary, we must give this patient tonics and stimulants. One of the best articles of the latter class—indeed, the best stimulating expectorant in the asthemic form of pneumonia, whether primary or secondary—is carbonate of ammonia. Of this the patient may take five grains every two hours. If the remedy should produce vomiting or gastric irritation, the dose must be diminished, or the remedy be omitted entirely.

Besides this, the patient is to take wine-whey and beef-essence.

Case 2. The second case of pneumonia—also a young man not yet thirty years of age—is still more markedly connected with tubercular disease.

The patient has had a severe cough, with considerable expectoration, for eight months, and during that time has considerably emaciated.

Eleven days ago he was taken with the acute attack, from which he is at present suffering. Since then he has had much cough, some pain, and considerable difficulty of respiration. His nostrils are dilated; his cheeks are flushed. The flush of pneumonia must be distinguished from the hectic flush of phthisis. In the latter, it is of a bright red; while that of pneumonia, as in this patient, is of a dark purplish or mahogany hue.

The patient has had the rusty expectoration, ropy, thick, tenacious, characteristic of pneumonia. It has, however, been more abundant than in pneumonia, on account of the tubercular deposit in the lungs, which is probably undergoing the process of softening.

His pulse is moderate, 82 in a minute, and has lost all its febrile character. There is a slight exacerbation at night.

On auscultation, we find, in the lower lobe of the left lung, strong subcrepitant ronchus—less so, however, than a few days ago; it is becoming ruder.

The upper portion of the lung yields the same auscultatory signs, but the ronchus is larger.

There are no signs of pneumonia whatever in the right lung; but there is complete flatness or percussion over the upper part of the chest. This is the more significant, because it is on the right side. There is often a slight shade of dulness over the left side, owing to the position of the heart, which is quite natural, and it is frequently very difficult to tell, in cases of incipient phthisis, whether this dullness belongs to the natural condition, or is owing to tubercular deposit. But when the dulness occurs on the right sight, and so well marked as in the present case, it is always a grave sign.

The patient, after entering the hospital, was at first placed upon spiritus Mindereri and wine whey; a few ounces of blood were abstracted by cups applied over the chest. After having passed through the acute attack, this patient, like the former, is to be put on a generous diet and tonic and slightly stimulating treatment.

PHILADELPHIA HOSPITAL.

Reported by N. G. Blalock, of N. C.

MEDICAL WARDS.

Service of Dr. J. L. Ludlow.

ENORMOUS ENLARGEMENT OF THE LIVER IN A YOUNG GIRL.

J. McK. was born in Glasgow, Scotland, the 10th of December, 1838. Her father died four years ago, in his 67th year, of cancer of the breast, as she claims to have been told by the physician who attended him. Her mother has always been healthy, with the exception of an habitual hacking cough.

The patient states to have grown up healthy and robust to the age of 12. About this time her family emigrated to Canada; and soon after her arrival she took a severe cold, that gradually degenerated into a chronic pulmonary affection, and made an invalid of her ever since. In her fifteenth or sixteenth year, she and her family experienced much trouble, which aggravated very much her ailment. She removed to Cleveland, Ohio; but, after eight months' residence there, her friends seeing that she was growing worse, advised her to come to Philadelphia. Once here, and unable to provide for her comfort and medical assistance, her friends advised her to go to the Pennsylvania Hospital, where she was admitted a year ago last June; where, she says, she had been six months under the care of Drs. Gerhard, Meigs, and others.

The 5th of January, 1860, she was admitted into the medical wards of the Philadelphia Hospital; and sixteen days after sent to the outwards, very much relieved of her cough. This cough, she says, ceased completely, two or three months after.

On the 5th of May last, she was sent again to the medical wards suffering from a very severe attack of jaundice. Then, for the first time, she felt a dull, heavy pain in the region of the liver, and ever since, this viscus has kept steadily increasing in size, and vitiating her system, in spite of all the efforts that Drs. Da Costa, Judson, and Ludlow, (successively attending her,) have made to check it.

She now presents a very painful but interesting subject of study to the medical student; her appearance that of a woman ten or twelve years older, greatly emaciated, with jaundiced face and eyes; dry tongue; lower limbs always more or less swollen, and sometimes painful. The liver is *four* or *five* times the normal size, extending above to the ensiform process of the sternum, which it makes protrude through the skin by its pressure; below, to within a quarter of an inch of the umbilicus; to the left, in front, to the region of the spleen; behind to the spinal column. Over this space, as well as over the chest, the skin is exceedingly tense; and the patient suffers very much from any motion.

Her sleep is very much interrupted, and her catamenial functions have ceased since she was attacked with jaundice. Her bowels are regular.

SURGICAL WARDS.

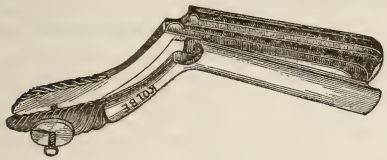
Service of Dr. D. Hayes Agnew.

OPERATION FOR THE RADICAL CURE OF OBLIQUE INGUINAL HERNIA.

In the radical cure of hernia, all the methods devised have had in view the accomplishment of the same end, namely, the closure of the inguinal canal by adhesive inflammation; to this end were directed the processes of Bonnet, Gerdy, Velpeau, Wurtzer, etc. The method employed by the latter has been considered by some surgeons the most effectual; but in his hands, Dr. Agnew remarks, it has failed to offer a permanent obstacle to the reproduction of the disease. He had, after some thought, constructed an instrument the application and the principle of which, he hoped, might prove more advantageous. It consists of two semi-cylinders of metal three and a half inches in

length, on the upper surface of the under one of which, on either side, is a grooved director. These semi-cylinders can be separated from each other by a screw passing through the handles. See Fig. 1.

Fig. 1.



In addition, there is required a long spear-pointed needle, supported on a good bone handle, curved at the end, with an eye, and having a small bulb or swell on the shank, situated as far from the point as is equal to the length of the cylinders. See Fig. 2.

Fig. 2.

Application of the Instrument. — The patient, a German, 55 years of age, with an oblique inguinal hernia of seven teen years' standing, after having been prepared for the operation by opening his bowels freely on the day previous, was placed upon a table and etherized. A portion of the upper part of the scrotum being pushed by the finger into the external abdominal ring, was followed by the instrument, the blades being closed and passed up along the canal until the point could be felt through the abdominal parietes, near the internal ring. The screw on the handle being now run down, the blades were separated from each other, and the needle, armed with a silver ligature, passed along the groove on one side and brought out through the walls of the abdomen at the upper end of the instrument. The wire was then removed from the eye of the needle and the latter withdrawn, threaded with the other end of the same wire, and then carried along the other groove of the instrument and made to transfix all the structures between the canal and the surface, coming out a short distance from the first. The needle being unthreaded and removed, the two ends of the wire were drawn and twisted together over a small roll of lint. The object thus far has been to retain this plug of integument in the inguinal canal. Fig. 3 will convey an idea of the relation of parts and the position of the siver wire, such as would be seen were the instrument and anterior wall of the canal removed.

The next step consists in taking several needles, armed, some with silk, and others with wire, and passing them across the canal between the blades of the instrument, thus avoiding the cord which will be behind the posterior blade, and also ensure the lodging of the plug in the canal,

Fig. 3.

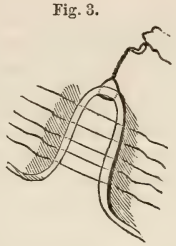


Fig. 4.

and not external to the tendon of the external oblique muscle. The first transverse ligature should be near the internal ring, and others at short intervals as low as the external ring. The instrument is now withdrawn, and Fig. 4 may be supposed to convey an idea of the appearance of the parts.

A compress is next laid over the part, and confined by a bandage applied with a moderate degree of firmness; or a truss might be employed for the same purpose, the object being to produce adhesive inflammation. The transverse ligatures must be carefully watched, and removed one at a time, so as to maintain the adhesive inflammatary action and prevent the formation of pus. Here the judgment of the surgeon must guide him.

The result of this case will be given, and further comment from the doctor on the subject.

FALSE JOINT, OR PSEUDARTHROSIS OF THE HUMERUS.

Remarks—Varieties.—The ends of the fracture may become rounded off and encrusted by a fibro-cartilaginous substance. 2. The ends may become connected by fibrous or fibro-cartilage. 3. The end of one fragment may become rounded and the other hollowed out into a cup-shaped cavity, surrounded by something resembling a capsular ligament, and lined by an imperfect synovial membrane.

Causes may be various, either local or constitutional. Under the former head may be enumerated too frequent or badly applied dressings; under the latter, organic disease, feeble constitution, defect in the constitution of the blood, etc. We should not conclude too soon that a fractured bone will not unite, because the union may be only delayed.

Treatment.—Different plans have been suggested—blistering by Dr. Hartshorne, seton by Physic, pegs by Dieffenbach, drilling by Brainard, apparatus of Prof. Smith, of University of Pennsylvania, resection of the ends of the bone, electricity, galvanism, etc.

The patient upon whom the operation was performed was a man 34 years of age, who had the

humerus fractured about two inches above the elbow joint two years ago, and from some cause or other, most likely bad treatment, it has not united, forming in this case the third variety given above.

Operation.—First denuded subcutaneously the ends of the bone, then drilled several holes in different directions, and finally a hole in each fragment, with a drill armed with a canula. Removing the drill and leaving the canula, a small quantity of tinct. of iodine was injected into the holes of the bone, after which the canula was withdrawn. The arm was then placed in an angular splint, moulded to the limb.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

PARALYSIS AFTER SCARLATINA; SEQUELÆ OF SCARLATINA.

The patient is a little child, three years of age, who had scarlatina in April last. About this there can be no doubt, as the physician, who then attended the child, pronounced it scarlatina, and from the description of the rash, which the mother gives, it can hardly have been anything else. The child had not much fever accompanying the disease.

The child was kept in the house for three months, except once, about six days after desquamation, when the little boy was injudiciously allowed to go in the yard. The patient had little or no sore throat.

Three weeks after the scarlatina, some dropsy came on, which persisted some time.

Two months after the first attack the child lost the power of motion of the whole of the right side. It has, however, gradually recovered, but still is unable to use the right arm with any degree of vigor, and in walking drags the limb of that side in the manner, characteristic of paralysis.

There are several points of interest connected with this case.

First. It teaches the great importance of keeping patients, attacked with scarlatina, in the house, and carefully guarding them against the changes of temperature and weather for a considerable time after desquamation; three weeks is the shortest period, and in spring and fall, especially in months so changeable as April, it should be much longer.

One of the chief causes of dropsy following scarlatina is congestion of the kidneys, accompanied by albuminuria, the result, often, of untimely exposure.

A *second* point of interest is presented by the palsied condition of the patient. I have seen two or three cases of paralysis following scarlatina, in one of which there was hemiphlegia; in the other general loss of motion and sensibility.

The latter case was that of a little boy, in whom the scarlatina had been accompanied by excessive sore throat. The loss of motory power was sufficient, in his case, to affect the sphincters, which were imperfectly contracted. The back of the neck had commenced to swell much, soon after the attack, and the swelling gradually increased until, on close examination, it was found that the neck was evidently anchylosed. In this case the inflammation about the throat had obviously extended backward to the pharynx, finally involving the cervical vertebræ, and causing intervertebral deposit, pressing upon the spinal cord, produced the general paralysis.

But in the case before us it does not appear that the disease has been of the anginose variety, or that, indeed, there has been sore throat to any extent. Beside, there was too considerable a period between the attack of scarlatina and the occurrence of the paralysis to favor the assumption that this case is analagous to the one referred to. We must, hence, look to some other cause.

The mother states that the paralysis came on suddenly, and was ushered in by a convulsion. This leads us to suspect that the cause of the paralysis is situated in the brain, although, of course, it is impossible to say what is the precise anatomical lesion.

In cases of renal dropsy, accompanied by albuminuria, the excretion of the urea from the blood is generally more or less interfered with, and we have the condition induced, known as uræmia, the most prominent symptoms of which are dilatation of the pupils, stupor, convulsions, and death.

Uræmic poisoning is most apt to affect the brain, and as the patient has had dropsy, and soon after convulsions, which ushered in the paralysis, it is very probable that the latter has been caused by some pathological change in the meninges of the brain, or the brain itself; effusion perhaps of plastic material or serum. But, as already stated, it is impossible for any one to know the exact pathological changes.

The prognosis is not so unfavorable as might at first sight appear. The recuperative powers of nature in a child at this age are so great that the difficulty may be measurably removed, and it is upon these that we must chiefly rely. In a therapeutical point of view, very little can be done. To aid in the absorption of any effusion that may exist, a half a grain of iodide of potassium, three times a day may be given, and mild counterirritation be applied to the neck.

PLEURO-PNEUMONIA IN A BOY THIRTEEN YEARS OF AGE—RESULTS.

The patient presented himself at the clinic with substantially the following history:

Two years since last August, he was first

taken with a "bad cold;" he had fever, went to bed; had pain in the right side; a great deal of cough, with considerable expectoration, of a pinkish, brick-dust color. He recovered from this attack. There has been occasionally more or less cough, and he now expectorates about a wineglassful of white matter.

Present Condition.—He spits blood occasionally; is as stout as before, apparently, but the muscles are rather flaccid. He has dyspnœa when he exerts himself.

On measuring the chest there is a difference of nearly an inch and a half between the two sides; the right side being the smaller. There is, on *percussion*, a great deal of flatness and resistence on the right side, which is contracted, while the left is preternaturally bulging. The right shoulder hangs.

The patient then has evidently a pleurisy of two years standing; but besides this he must have had pneumonia, as he had much fever and bloody expectoration. There is now extensive effusion in the right thoracic cavity, with adhesions and thickening of the pleura.

The extensive contraction of the chest, falling of the shoulder, etc., as a consequence of pleurisy, occurs with less frequency in grown people than in young persons, because in the former the parts, ribs, etc., are less yielding; but from the same reason it is easier removed in children than in adults.

Auscultation yields a little bronchial respiration at the upper part of the right lung, somewhat blowing, but there are no signs of a cavity.

The patient has occasionally expectorated blood ever since the attack of pleuropneumonia. It may be that he has had an abscess, not tubercular, but an abscess accompanying or following the pneumonia. Although it has often been denied that inflammation of the lungs ever resulted in suppuration or abscess of the lungs, recent observations have shown that abscesses may occur with pneumonia. Graves and Stokes have reported such cases, and I have seen them myself; in one of which at least one-half of the affected lung suppurated away.

The *treatment* in this case must be building up. Tonics and nutritious food are indicated. He is to take 8 drops of the syrup of the iodide of iron three times a day in a tablespoonful of water, an hour after meals.

It is scarcely necessary to remark that the left lung shows on percussion and auscultation decided supplementary action. There is exaggerated puerile respiration.

The prognosis must be considered favorable, as there is no tubercular disease.

JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

Reported by N. G. Blalock, of N. C.

POPLITEAL ANEURISM—DIGITAL COMPRESSION—LIGATION.

The patient is a negro man, 38 years of age, a barber. Nearly two years ago he discovered a small pulsating lump or tumor in the region above named. It excited but little notice at first. At length, however, it became larger, mechanically causing flexion of the leg, and was also the seat of much pain. Two weeks since he entered the hospital of the College for treatment.

Digital compression was kept up for four and a half days without cesssation, and the patient was given acetate of lead, opium, and veratrium.

The compression was at the femoral artery, where it passes over the pubic bone. The patient being somewhat exhausted by the compression, although it was progressing favorably, (for the tumor had decreased very much in size and was much denser,) the compression was discontinued. For the relief of the aneurism, Prof. Gross ligated the femoral artery about 4½ inches below Poupart's ligament, just at the point where the sartorius muscle crosses the artery. The incision was made about three inches in length. The patient being fat, it was made long to allow for access to the vessel. After reaching the artery and clearing it of the vein and nerves, an aneurismal needle, armed with a ligature, was passed under from within outwards. It was then firmly and carefully tied. The patient was ordered a good diet.

POTT'S DISEASE OF THE SPINE.

The patient is a boy, five years of age; he has been suffering for six months with disease of the dorsal region of the spine, producing a slight curvature backwards. This disease generally occurs in persons of a scrofulous or strumous diathesis. If the patient be allowed to walk about or keep in the erect posture, the curve would become much greater, so as to produce what is commonly called pigeon breast. To prevent this the patient was ordered to be kept in the recumbent posture and use the iodide of potassium, and occasionally mercury. The diet was ordered to be well regulated. The actual cautery was applied to the diseased part, after which cold water dressing.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

MERCURY IN PRIMARY SYPHILIS.

Dr. James R. Wood, of Bellevue Hospital, a few days ago, after a very interesting and exhausting lecture upon ununited fracture, and an operation upon a case in point, exhibited to his class a most interesting case. It was that of a young girl, sixteen years old, a victim of hereditary syphilis, and a most pitiable spectacle. At the age of nine months her uvula and part of the soft palate had ulcerated away. Soon followed the loss, in part, of the superior maxillary bones. Soon, again, melted down the vomer, turbinated bones, the cartilages of the nose, and a great part of the nasal bones. At the time of her exhibition to the class, her legs, arms, and face were covered, more or less, with syphilitic rupia. She had partial anchylosis of one elbow, and the "corona Veneris," with marked eburnation of the os frontis. She was gradually improving under the treatment indicated in such cases. In the course of his remarks upon this case, Dr. Wood stated that he *knew* the mercurial treatment to be the only one in any degree safe in primary syphilis: and that he felt bound to say that, in his opinion, the physician who treated it without mercury, in the absence of some special contraindication to its use, was deserving of censure. Now all this is diametrically opposed to what I know is inculcated in one, at least, of the best schools of medicine in this or any other land. "Who shall decide when doctors disagree" so utterly, and upon so important a point?

LEPROSY, SYPHILIS, AND STRUMA.

Apropos to the above, the venerable and distinguished Dr. Valentine Mott, of the University Medical College, made lately, in one of his admirable clinical lectures, what to me was a striking and novel statement. It was to this effect: that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and struma; that they were all three essentially the same disease. His conviction, he stated, was founded upon extensive observations which he had been enabled to make upon leprosy in its various phases, while traveling in the East. The analogy between leprous and syphilitic sore throats and skin diseases he instanced as being particularly striking and complete. He did not enter at large into the subject, but threw out these remarks merely in a suggestive way.

The question, on this point, is an interesting one in a scientific light, and the expression of an opinion by so high authority must necessarily carry much weight with it. Cannot some one else, competent from observation, experience, and talent, who has given attention to the subject, let us have the result of his thought and research upon this point?

IDIOPATHIC TETANUS—FAILURE OF QUININE—GOOD EFFECTS OF STIMULATION.

There is now in one of the wards of Bellevue Hospital, under the supervision of Prof. Alonzo Clark, a case of successfully treated idiopathic tetanus. The case has been quite well marked, there having been present both trismus and moderate opisthotonos. The patient, who is a young man about twenty-three years old, was put first on the use of quinine in five grain doses every hour. This treatment was continued for thirty-six hours, at the expiration of which period no improvement having ensued, but, on the contrary, the patient having become worse, he was put upon the free exhibition of whisky. Improvement immediately followed. Whisky was for some reason dropped, and opium exhibited in large doses. The disease having immediately thereupon become again more threatening, recourse was again had to whisky, twenty ounces being given per diem, together with moderate doses of opium. This treatment was persisted in with marked benefit. The patient is now convalescent, the whisky having been obviously the main instrumentality in effecting this result. The quinine treatment had, in this case, a fair trial, and failed totally. Surely, if there be any specific virtue in quinine in cases of tetanus, its exhibition at the rate of a hundred and twenty grains in twenty-four hours, ought to develop some of it. King Alcohol appears to reign supreme in these cases.

INTERESTING POST-MORTEM EXAMINATION AFTER CÆSARIAN SECTION.

I witnessed the other day a post-mortem examination of more than ordinary interest. It was that of a woman who had had the operation of Cæsarian section performed on her five days before by Dr. Fordyce Barker, of Bellevue Hospital. The operation was performed privately, at the hospital, very skillfully it is said. The child was saved, and for some time the mother appeared to be in a fair way of recovery. She was kept under the influence of morphia to the degree just short of narcotism, in order to avoid peritonitis, and given beef tea and brandy. Vomiting was at one period troublesome, but was arrested by adding dilute nitric acid to the beef tea. Dr. Barker remarked, *en passant*, that dilute nitric acid often acted admirably when the stomach had become intolerant from exhaustion. She appeared to be doing well up to the night before she died, when

she began to sink, without any marked symptoms save those of a typhoid character. She died on the fourth day after the operation. This was her fourth pregnancy. On the occasion of her first accouchement, ten years ago, the labor was difficult, but the child was born alive per vias naturales. On the occasions of the next two, the medical attendants were compelled to resort to perforation and evisceration. Toward the close of this, the fourth pregnancy, the attempt was made to save both mother and child by Cæsariotomy. She was perfectly intelligent to the last, and complained very little of pain.

The examination was made about twenty-five hours after death. The abdomen was greatly distended, and upon opening it, much fœtid gas escaped, and the walls collapsed. There did not appear to be the slightest attempt at union in the incision which had been made in the abdominal walls. The intestines were very tympanitic. To the right of the median line the peritoneum of the intestines had become adherent to that of the abdominal parietes. These adhesions reached from about an inch above the symphisis pubis to the level of the umbilicus, and were longitudinal, forming a band about an inch in width. The intestines were injected, and covered with lymph.

A very small quantity of pus was found to the right of the bottom of the incision. The omentum was found adherent to the longitudinal band described. The abdomen was remarkably free from fluid; only two or three ounces being present in the peritoneal cavity. The sigmoid flexure of the colon was found with its opposing surfaces bound together by lymph, inclosing, in some spots, a very small quantity of purulent matter.

Upon removal of the intestines and bringing the uterus into view, its volume was found to be about that of the fœtal head, its shape irregular, and its fundus on the right, with the long axis passing thence across the abdomen to the left. It was partially adherent anteriorily to the abdominal walls. For a radius of about an inch and a half around the uterine incision, the tissues of the uterus presented a gangrenous appearance, without, however, the characteristic odor of gangrene. On raising the uterus up, no adhesions were found on the posterior region, which was, however, covered with lymph. On tearing away the adhesions of the uterus to the abdominal walls, and cutting through the round ligaments, the full extent of the uterine opening could be distinctly seen; there seemed to have been no effort whatever made at closure.

The linea ilio-pectinea presented no abnormal sharpness nor bony growths. The cause of all the woman's trouble was found in the shape of an osseous tumor situated in the concavity of the sacrum, involving its breadth, and extending from about the second bone to the os coccygis. The symphysis pubis encroached somewhat upon the antero-posterior diameter of the superior strait, measured three inches and three-quarters. The transverse measured four inches and one-eighth. The oblique diameters were in perfect proportion to these. A measurement from the lower margin of the symphysis pubis to the extremity of the sacrum gave three inches and three-quarters. The distance from the middle of the posterior face of the symphysis pubis to the most projecting point of the tumor was two inches and a quarter. This diameter was reduced by the walls of the uterus to less than two inches.

These measurements fully demonstrate the propriety of the operation which was performed.

A sub-peritoneal fibrous tumor, of the size of a walnut, was found on the uterus, posterior to the insertion of the right round ligament. One or two smaller ones of a similar character were also found. On dividing the left Fallopian tube near its origin, a small quantity of pus could be squeezed from either opening. The same result followed section farther down. The right Fallopian tube and round ligament presented greater vascular injection than those of the left side, and section of the former gave exit to a considerable quantity of pus. The uterus was flaccid and imperfectly contracted. Upon making a small section near the fundus, clotted blood escaped from the uterine sinuses. There was apparently no pus in them. The researches of Prof. Alonzo Clark have shown, however, that pus may sometimes be detected in these cases under the microscope, when to the naked eye none is visible. The liver was of normal size but had undergone fatty degeneration. The kidneys were also evidently fatty, though normal in size. The heart was normal in size, flaccid, and free from valvular disease. A portion of its tissue was removed for microscopical examination. There were no adhesions in the pleural cavities, and the lungs were free from tubercles and purulent deposits.

The pelvis of this woman is in process of preparation for the museum of the hospital.

A remarkable feature of this case was the total absence of any attempt by nature at healthy reparative action. The low status of the vital forces found still further expression in the fatty degeneration of the liver and kidneys.

CASE OF PELVIC PRESENTATION.

An interesting and rather anomalous case was related at Bellevue Hospital by Dr. Elliott. He exhibited a dead new-born child—a girl, which was the largest child he had ever delivered. It weighed fourteen pounds. It was the eighth pregnancy of the mother; she had an ample pelvis, and had carried this child ten months before labor set in. He was called in consultation on account of a non-advance in labor. The membranes had ruptured while

the presentation could not yet be reached: and upon making an examination he found a pelvic presentation, the sacrum being toward the right acetabulum, and the dorsum of the child toward the abdomen of the mother—the most frequent form of pelvic presentations.

The efforts appeared to be powerful, and the delay seemed the result of overdistension of the uterus. The great bulk of whatever was contained in the uterus was ascertained, by external examination of the abdomen, to be on the *left* side. So that, assuming the existence of only one child in the uterus, we had the anomaly of the presentation as described, the nates *small* absolutely, the balance of the child relatively immense, and its great convexity on the *left* side! Images of course arose to the mind of twins, and monsters of every kind: double children, children with two heads, hydrocephalic children, children with ascites, etc.

He advised delay.

On the next morning, there being no change and the patient's condition being good, delay was no longer considered advisable. The presenting part was found, on examination, to be just dipping into the superior strait. He therefore (chloroform having been administered) introduced his right hand and pulled upon the anterior leg. In this way, and with the finger in the groin, he pulled and tugged and toiled with all the force he could command, without any advance in the way of delivery. He then had recourse to the blunt hook in the groin, and, after long and wearisome effort, succeeded in drawing that part of the child down to the vulva. The leg of that side was, by that time, pendulous merely by a portion of the skin. The child was, of course, long since dead. He then, by similar efforts, drew down the other side. The head passed without instrumental assistance.

The child presented a very much bruised and battered appearance, as might be imagined, and certainly was of immense size. The extreme smallness of the nates made a very remarkable contrast with the great bulk of the rest of the child.

In the course of his remarks upon this case, Dr. Elliott called attention to the rythmical contractions of the sphincter ani, as a diagnostic element in cases of pelvic presentations. The existence of these contractions was indubitable proof of life in the fœtus. When it was not to be recognized, reflex action had ceased and life had fled. We were thus enabled to determine at once the presentation and the fact of the life or death of the fœtus.

In cases demanding the use of an anæsthetic, he always had recourse to chloroform. It always did its work thoroughly, and he had never seen any alarming symptoms resulting from its employment. He objected to the blunt hook, because the curve was always too small for the groin, and that, on this account, it often did injury which might be avoided by the employment of better-adapted means. C.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

ANNIVERSARY MEETING.

This Association celebrated its anniversary on the evening of Wednesday, Oct. 7th, in the building of the N. Y. Historical Society, corner of Second avenue and Eleventh street, Dr. G. C. Buck, Vice-President, in the chair. The audience consisted principally of the Medical Faculty, their friends, and families. Quite a number of ladies were present. On the platform were the following gentlemen: Vice-Presidents, Drs. Joel Foster, George Buck, and M. D. Van Pelt; Ex-Presidents, Drs. Valentine Mott, Isaac Wood, J. M. Smith, and Batchelder; Trustees, Drs. Jacob Harsen, J. Anderson, and J. T. Hubbard; Foreign and Domestic Corresponding Secretary, Dr. J. W. Green.

The reading of the minutes was dispensed with, and the exercises of the evening were opened with a prayer by the Rev. Dr. Bethune, after which, the President, Dr. John Watson, was introduced by the chairman, and de-delivered an address, which treated on scientific, philosophical, and medical subjects, with special reference to the traits which characterize the true physician, and the kind of training necessary for his development as such.

Dr. Watson began by remarking that philosophers and men of science were sometimes said to be in advance of their epoch. He said that of all who were deserving of such titles this was true to some extent, and that their greatness was in direct ratio to the degree to which it might be truthfully said they were so. God never made a thoroughly original and independent man. The whims and caprices of instructors were received as postulates, without due sifting and investigation. In every age, the most enlightened and fearless thinkers and actors had been swayed, more or less, in spite of their inward convictions, by the prejudices and superstitions of those around them—those infinitely their inferiors in every respect. For illustrations of this fact, we had only need to refer to the histories of Socrates, Luther, Bacon, and many other great men. They had all fallen, to a greater or less degree, from their high estate. The medical profession was not without its great and original men—would that she could boast of more!

Most men, he said, of ordinary capacity, soon became able to detect and diagnose disease in its usual phases; but it was the part of the

true physician to unravel obscure cases, penetrate into the arcana of pathology, drag disease from its secret lurking places, and discern light, where to others all was darkness and obscurity.

Such ability was less the result of logic and philosophy than of cultivation and practice. It supposed as a pre-requisite a mind thoroughly imbued with the love of truth and zeal in its pursuit; a mind docile and discerning; habits of investigation and reflection; capabilities for rigid analysis and induction; and a thorough knowledge and appreciation of the habits, language, and usual surroundings of the sick.

No one man was endowed with the full enjoyment of all the desired qualities. Perfection was to be imagined, not beheld.

The training of the man aiming at a complete education, and a position as a skillful investigator, in the higher walks of the profession, began, he said, where that of ordinary men ceased. He was by this course enabled to guard against error, to better appreciate the fruits resulting from the labors of his cotemporaries, and to add to them himself. He did not study aimlessly or in a desultory manner; in his choice of books was confined to no name or nation, and putting no faith in the retailers of other men's views, perused the originals in the language in which they were originally published.

In his opinion, it was not necessary for the success of the close observer that he should have immense practical advantages in the way of hospital service, etc. Hippocrates, Scarpa, Sydenham, and many others of the great luminaries of the profession, had had few facilities of this nature. He thought single cases, well studied and analyzed, better calculated to extend the powers and ripen the judgment than a large and desultory hospital practice.

He dwelt upon the importance of a proper registration of facts and cases as leading to habits of close analysis; and upon the important generalizations sometimes resulting from properly recorded and digested isolated facts, as examplified in the inductions of Harvey and Jenner. Too great a multiplicity of facts in heterogenous array he regarded as apt to confuse the mind and blunt the acuteness of the judgment.

In the study of pathology, nature, he said, was the experimenter and the physician the interpreter.

The value often of enthusiasm and earnestness, even in a mistaken direction, he illustrated by reference to the lucubrations of the ancient Alchymists, who, in the pursuit of their ignis fatuus, yet contributed so much to the elementary elaboration of our modern chemistry.

The importance of associated labor he spoke of as being very great. "In union there is strength." Frequent association, discussion, and interchange of views and theories with one's compeers and co-laborers were invaluable; but he was sorry to remark that in professedly scientific associations mere forms and ceremonies often took the place of real work. This was to be strongly deprecated.

In contrasting the state of the profession in this country with that of it in monarchical countries, particularly with reference to the comparative advantages enjoyed here by neophytes, he spoke of our great indebtedness to Davy Crockett for his motto—"Be sure you're right, then go ahead"—now an accepted Americanism, and to the great principle enunciated by Jefferson—"All men are created free and equal." The only trouble was, that in the motto of Crockett, the first clause was too often overlooked or forgotten, and the latter only acted upon. When Cullen first published his work on Materia Medica, the Faculty of Edinburgh compelled him to retract some views of which they did not approve. No dictation of that kind was submitted to here from any source. In America, no man of talent was compelled to hide his light under a bushel through fear of professorial frowns. The great latitude, in every respect, existing here for medical men of all classes and characters, was calculated, all things considered, to promote the advancement of science.

If our schools were not equal to the best schools of Europe, it was not from a want of indigenous talent, but it was because the requirements for graduation were of too low a grade. He wished to urge the fact upon the profession. The progress of medical science demanded a change in reference to the requirements of the schools. The grade must be raised. Nevertheless, any student in whom the will was not wanting could become an accomplished physician. Nowhere was the habit of reading so general, and although the medical *luminaries* were not so numerous as in European countries, yet the *body* of the profession here was better read and posted on important points.

In speaking of the subdivision of the science into special branches, in England, and the gradation of the men belonging to the profession, according as they belonged to one or the other branch, with the results, he stated that upon his (Dr. Watson's) once having spoken to Sir Astley Cooper of M. Louis, the distinguished French physician, Sir Astley stated that he had never heard of him! Sir Astley Cooper was a *surgeon*—M. Louis a *physician*. The English system he thought to be a most pernicious one; taking into consideration at once the advancement of science, the welfare of the profession generally, and the safety of the sick. Here we had no aristocracy in the profession but that of intellect.

Some men, he said, were capable of only very limited development. So far might they go, but no farther. There was a great difference between a simply scientific and a truly philosophical mind. Others, again, were endowed with so fine an organization that for them an

almost infinite self-improvement was possible. They never became conscious of having reached the highest round in the ladder of their capabilities. In the former class was found the charlatan and medical mountebank,—brazen-faced, obtrusive, and dogmatic,—never abashed, the man to challenge the admiration and applause of the gaping throng. The man of the latter type, on the other hand, was never obtrusive or positive. Almost unconsciously to himself, he was possessed of energy, circumspection, and tenacity of purpose; an acute insight into the human affections; a hopeful disposition; a delicate perception of propriety; a strong and abiding love of truth; and that "charity which suffereth long, and upbraideth not;"—qualities which, when subjected to the mellowing influence of experience, constituted the difference between the true physician and the quack. Men of this type always struggled up and made themselves felt—irrepressibles, no matter what their early educational advantages might be. In illustration of this, we had need only refer to the histories of John Hunter, Sir Astley Cooper, Ambrose Paré, and men of that ilk—men who had enjoyed but to a limited extent the advantages of an early literary or philosophical training, and whose names had become watchwords in the profession.

What is called a knowledge of the world, he considered to be essential to the physician as to the man of business. The physician should not plod along in the beaten track, looking neither to the right nor left, but should always be on the lookout for useful hints, outside of his own peculiar line. He thought it not amiss for the physician to have a little stock of gossip on hand to retail for the diversion of some of his patients.

In remarking upon the eccentricities of some great men, he related of Dupuytren, that, upon his once having been called on to treat a lady who had dislocated her shoulder, he, upon entering her chamber, surveyed her narrowly for a moment, and then said abruptly, "Madam, you have been drinking—I had it from your son." The lady was, of course, very much shocked, and fainted on the spot. This was just the effect Dupuytren had wished to produce. While she was in this condition he reduced the dislocation, and, upon her reviving, said to her, "Madam, you had been drinking *water*—I had this also from your son." He remarked that such things would do once in a while, and for great men; but as a general rule such manœuvres, however brilliant and well executed, were not considered in order. In most instances a manner the reverse of this was the best. We must not treat our patients as bales of merchandize, but by a persuasive manner should endeavor to unlock the recesses of their hearts, and, as was our duty, acquire a thorough knowledge of their antipathies, hobbies, emotional idiosyncrasies, etc. This was often most important.

In illustration of the delicacy to which habits of observation and analogical reasoning might be carried, he referred to the ability of Cuvier, the celebrated naturalist, to give a minute description of an animal of any kind, from a simple inspection of one bone which belonged to it. A physician whose faculties were trained to anything like an approximatian to this pitch of acuteness could, in the elicitation of symptoms, and his inductions therefrom, be infinitely more precise and rigid than any man of not more than ordinary training.

He spoke of the honor and confidence which were always, as a matter of course, the attributes of the high-minded physician, in regard to disclosures as to circumstances, habits, feelings, propensities, and religious aspirations. The religious views and feelings of the sick were always to be treated with respect, even though the physician himself should happen to be sceptical. And, on the other hand, the physician, if religiously inclined, should never obtrude censure on the sick, if they should be of an opposite turn of mind.

The medical man must be careful not to carry an atmosphere of gloom with him wherever his duties call him. He should properly wear an air of seriousness, but it should go no farther. He should go into society to some extent, to guard against that sombreness and misanthropy, which too often belonged to professional men. He should not do this, however, with the ardor of the habitué: he might well afford to forego some of the pleasures of fashionable life.

The love of gain, as a ruling passion, he strongly inveighed against. The young practitioner could not be too guarded on this point. When this grovelling passion supplanted the desire for usefulness, no matter what his talents and education, the physician became reduced to the level of the shopkeeper. He continued with an enumeration of the various things to be taken into account in making charges.

In regard to complaints of want of success, appreciation, etc., he quoted and endorsed the saying of Dr. Johnson, "I hate a complainer." The most complaints came from those who least merited success. They who whined most deserved least.

He quoted the answer given by Daniel Webster to a young lawyer who inquired of him whether the profession of law was not already too crowded. "There is plenty of room up stairs." It might be well and fully applied to the medical profession. There was always room in the front ranks.

At the conclusion of Dr. Watson's address, Prof. Smith, of the College of Physicians and Surgeons, moved that a vote of thanks be presented to Dr. Watson, and that he should be requested to furnish a copy to a committee for publication. He stated that the person who had been selected to deliver the address on the occasion had been prevented by sickness; that

the address of Dr. Watson had been kindly volunteered, and written on very short notice. He complimented the Doctor very highly on his effort.

Dr. Stevens followed. He seconded the motion of Dr. Smith, and expressed the hope that the sentiments pervading the address of Dr. Watson were those of the Academy at large.

The motion of Dr. Smith having been carried unanimously, the audience was invited to inspect the library and picture gallery of the society in whose building they were assembled.

The meeting then adjourned.

The invitation extended to the audience was by no means an empty one. The picture gallery is, undoubtedly a very fair one, and the library contains more than forty thousand volumes. C.

EDITORIAL DEPARTMENT.

PERISCOPE.

POISONING BY OPIUM AND STRYCHNIA.

In the November number of the Chicago *Medical Journal*, Dr. J. S. Pashley, of Osceola, Ill., reports a case of suicide by opium and strychnine, which is interesting, as showing the effect of these substances when taken conjointly.

The subject was a man, 29 years of age, in ordinary health for some time previous, though mentally depressed by pecuniary embarrassment and disabled from a paralytic attack which occurred five years previously, and was repeated three years ago, leaving the left side of the body entirely useless.

To commit suicide, he took three grains of strychnine, one drachm of opium, with an indefinite quantity of quinine, at about 10 o'clock on the evening of September 1.

When seen by Dr. Pashley, at 10 o'clock A. M., September 2, he had been twelve hours under the operation of this dose, resolutely denying any unusual feelings, or sensations, in spite of his strange appearance and actions.

There was extreme cerebral excitement; conjunctiva highly injected; eyes suffused with tears—pupils contracted; the whole face of a deep-red color; mouth and lips dry and clammy; tongue tremulous and covered with a white, brownish fur; voice dry, husky, and incoherent in expressions; whole surface hot with profuse perspiration; body and limbs in violent tremor, and at intervals spasmodic action of all the muscles, alternating with comparative quiet and drowsiness, from which he was easily roused. Pulse 120, full and forcible; carotid pulsating violently; the respiration labored, and the air of the room redolent of opium; complained only of feeling "queer."

Administered zinci sulph. in full emetic doses in strong coffee, by which opium was freely ejected.

At 11 o'clock the patient was more quiet, and force of the heart's action somewhat diminished. He now required frequent rousing, but when roused would start violently and remain delirious for some minutes. Gave Croton oil, gtt. iii, with camph. gr. viii; applied bladder of cold water to the head; perspiration still very profuse.

1 P. M. Profound stupor suddenly supervened, from which no effort could rouse him. Cold water was applied to the spine and occiput *ad libitum*, followed by violent friction, shakings, etc., but of no avail. Muscular system alternately relaxed and rigid; deglutition impossible; pupils contracted still more; breathing stertorous; surface dry and cooler; pulse rapidly sinking; heart's action very irregular.

3 P. M. Superficial vessels of head and neck suddenly engorged; surface became livid; pulsations at the wrist not readily observable, and those of the heart intermittent. The blood seemed to leave the heart *en masse* and rush to the head during the interval of two or three beats, alternating thus for about half an hour, when more regular and rapid action of the heart followed.

4 P. M. Comparatively quiet; having previously applied sinapisms to spine, and blisters to inside of the thighs, an electro-magnetic battery of considerable power was used, with the effect to stimulate muscular and nerve force, and by keeping up the heart's action maintaining the normal heat of the body to the last moment of life.

September 3d, 8 A. M. Continued as before, only that, on violently shaking, the jaws and eyelids would close, being generally more susceptible to electric force. Respiration sighing; some symptoms of peristaltic action in bowels. Administered enema of Croton oil, chlor. sodæ and lard, with warm water, but which was speedily returned.

1 P. M. Succeeded in giving Croton oil, gtt. ij, and a small quantity of camphor in water; the same being slowly but effectually swallowed.

2.15 P. M. While standing by the patient, and somewhat cheered by the apparently-gradual return of sensibility for the past four or six hours, the pupils suddenly dilated, followed by a slight movement of the body, and death closed the scene.

A hasty examination of the brain was permitted, nineteen hours after death, in presence of Dr. E. R. Boardman, and J. G. Boardman, medical student.

Found longitudinal sinus and all the superficial vessels unusually engorged, more particularly on the right side. The arachnoid membrane of that side presented a remarkable contrast to its opposite, being highly injected, and consequently very dark in color.

The cavity of the right ventricle was greatly

enlarged as compared with its fellow, and its walls much more readily broken down. All the brain matter on the right side was unusually soft, and could with difficulty be handled.

There seems to have been, as Dr. Pashley justly remarks, a struggle for the predominance in effect of the strychnia and opium, the narcotic finally prevailing, so that, after the first thirteen hours, he remained in the most profound stupor for twenty-five hours, making in all thirty-eight hours before the fatal termination.

It does not appear precisely, from the report of the case, whether the muscles of the paralyzed side partook in the rigidity and spasmodic movements which were observed, and if so, whether the rigidity and spasms were as well marked as on the side opposite. It is an interesting question, whether the softened condition of the brain and the paralyzed state may not have lessened the liability to become affected by the strychnia, as much as the opium; and again, whether the large amount of quinia accompanying both may not have acted in the same manner.

ABDOMINAL TUBERCULOSIS.

In a clinical lecture on tubercular disease of the mesentery of children, delivered at the St. Eugenia Hospital, at Paris, and published in the *Jour. für Kinderk.* Dr. Bouchut makes some remarks on the complications of this disease.

One of the principal complications is caused by the ulcerations to which the tubercular deposit leads. Copious bloody discharges, or fæcal evacuations, striped with blood, are observed when this takes place. In consequence of perforations of the intestinal canal we may have peritonitis, which may take a rapid or slow course, according to whether the perforation communicates with the peritoneal cavity or terminates in adhesion of the perforated gut to the peritoneum. If the peritonitis progresses slowly, it is accompanied with much pain, obstinate vomiting; sometimes, however, only a painful tension or a dull aching is present, and occasionally the peritonitis progresses so obscurely, or rather unobserved, that dropsical effusion takes place before we have been aware of anything else, and then the dropsy, for which no other cause can be found, is the only characteristic symptom of abdominal tuberculosis.

Another complication is the debility and anæmia consequent upon the dyspepsia and fever, resulting in general œdema and dropsy, which soon terminate in death. In these cases albuminuria is present occasionally, but, generally, there is no essential change in the constituents of the urine.

In reference to diagnosis, entero-mesenteric tuberculosis cannot, at the commencement of the local affection, be easily recognized. As it often commences in a latent manner, not unfrequently the symptoms of an acute or chronic enteritis first occur, the nature and cause of which cannot readily be determined. Only when the disease has further progressed, the alternating constipation and diarrhœa, the tympanitis, dropsical accumulations, knotty elevations of the mesentery, and the accompanying formation of tubercules in the lungs, or in other organs, remove all doubt.

Entero-mesenteric tuberculosis can be confounded only with rhachitis, fæcal accumulation in the intestines, and simple chronic enteritis. In rachitis we have frequently very considerable tumefaction of the belly, and sometimes diarrhœa; but the softness of the bones, the remaining open of the fontanelles, the curvatures of the spine in the lumbar region, and the thickening of the spongy portions of the long bones are sufficient characteristics.

Regarding fæcal accumulations, or so-called scybala, the seat of these masses, throws light upon the case. The tubercular mesenteric glands are felt in the centre of the abdomen and below the umbilicus, while the scybala always have their seat at the side and especially at the sigmoid flexure of the colon. Finally, simple chronic enteritis which, with its accompanying emaciation and diarrhœa, most closely simulates abdominal tuberculosis, is distinguished from it by not continuing so long, by not producing as much tumefaction of the abdomen, and being never accompanied by hardened tumors or swellings in the mesentery.

EPITHELIAL CANCER OF THE TONGUE.

We have in the last number given a resumé of Mr. Hutchinson's clinical reports on Epithelial Cancer of the Lip, published in the London *Medical Times and Gazette*, and avail ourselves to-day to give a similar abstract of his report on nineteen cases of epithelial cancer of the tongue.

The report comprises nineteen cases, in nearly all which operations had been performed. Cancer of the tongue is, however, a form of the disease which in a majority of instances does not permit of operative interference, since, very commonly, the patients do not come under hospital care until the disease is too far advanced. Thus, in all probability, during the period to which the present report refers, at least four times as many cases of cancer of the tongue have been under care at the different metropolitan hospitals.

Of the 19 cases, 12 were males, 6 females, and in one the sex is not given. The average age was 54 years, the extremes being 32 and 78. In two cases only palliative treatment was adopted, the disease having too far advanced. In one of these cases the patient, an old woman

of 78, died of the disease within five months of its commencement, and in the other it is not probable that his life was prolonged beyond six or seven months.

Of the cases in which operations were performed, in one the disease had existed 3 months, in one 4 months, in one 8 months, in one a year, in one 18 months, one 5 months, and in a sixth it was stated that a hard pimple had first made its appearance two years before. In six cases no details are given as to the duration of the disease. These facts indicate in a clear manner the acute character of cancer of the tongue. Cancer of this organ was formerly considered scirrhous; but it is now well known that its histological character differs in no respect from those of epithelial cancer of other mucous surfaces. It also conforms to the habits of the latter disease in that, while it constantly causes enlargement of the lymphatic glands, it does not, as a rule, occasion deposits in the internal organs. The rapidity of its progress, therefore, as compared with that of epithelial cancer of the lip and of the skin generally, must be explained by reference to the succulent structure of the organ and the facilities thereby offered for growth by infiltration, and for rapidity of absorption, and by the difficulty of affecting a free removal of the original disease by operation. The lymphatic glands, which enlarge secondarily in cancer of the tongue, are deep-seated, and not usually susceptible of removal.

Of the 17 cases in which operations were performed, the disease was removed by the knife in 8, by the ligature in 5, and by the ecraseur in 4. Of these three died from the immediate effects of the operation. In ten the wound healed and the patient left the hospital, while in four others the disease recurred either before the wound was healed or very shortly after. Two of the fatal cases died of pyæmia, one six the other seven weeks after the operation.

REVIEWS AND BOOK NOTICES.

Electro-Physiology and Electro-Therapeutics: By Alfred C. Garratt, M. D. Boston: Ticknor & Fields, 1860.

We have attentively perused this work, and have no hesitation in commending it as the result of long, laborious, patient, and careful study of the whole subject of medical electricity. It is in great measure a compendium of the results obtained in this department by the investigations of such men as Galvani, Volta, Humboldt, Matteuci, De la Rive, Dubois-Raymond, Faraday, and Duchenne, bringing the subject down to the present day. On this account, it merits a place in the library of every physician who desires to keep himself posted up in the knowledge of his profession, and to be duly acquainted with the use of a powerful agent (when rightly employed) in the treatment of disease. Dr. Garratt tells us he has written this book mainly for the use of students, and has accordingly introduced many wood cuts, (such as those of the spinal column, etc.,) and much matter that might well be dispensed with, or find their place more appropriately in a treatise on Anatomy. The young student will find in it a great deal that is above his comprehension; but those who are more advanced, as well as young practitioners, with some leisure time on their hands, will find it amply to repay them for a close investigation. The chapters on atmospheric electricity are to us the most unsatisfactory; they have evidently been written ten years since, and need considerable pruning and revision; this is unfortunate, as they involve the subject of the electrical origin, or otherwise, of epidemics. This, however, is the only fault we have to find with the book, if we except a magnanimous indifference to the correct spelling of some proper names, which is all the more remarkable in a book otherwise so well gotten up.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 17, 1860.

SCIENCE COSMOPOLITAN.

In the whirlpool of exciting times like these, when old thrones are tottering and falling into the dust, when nationalities are, after centuries of sleep, awaking and battling against oppression by other nationalities, and when individuality is asserting its rights all over the world, when the dreams of the cosmopolitan, the reformer, the humanitarian, all seem to be knocked into one confused heap,

"rudis indigestaque moles,"

out of which nobody knows what will come, it is a consoling thought, nay a sublime consolation, that there is one thing, at least, which is not affected by race, soil, climate, winds or waves—one department of human affairs not influenced by the tendencies of national or personal individualism.

Science is universal! Science is not bound down by narrow-minded prejudices! It encircles in its embrace the civilized world; in one word, it is cosmopolitan!

Such was the miserable delusion with which we had flattered ourselves. We had imagined

that when Humboldt traveled in South America it was, perchance, the same spirit of scientific investigation leading him to ascend the Chimborazo, which led Kane to plant the stars and stripes upon the ice-fields in the polar circle, and we foolishly thought that when Harvey demonstrated the circulation of the blood, he had no idea of taking out a copyright for his discovery in favor of his immediate descendants, or the inhabitants of Great Britain generally.

Yet we were mistaken, most foolishly mistaken! Under the shame of ignorance, however, under which our poor mortal frame groans, we have yet the consolation that we were not alone, but that we have had fellow-fools from the commencement of the time when the name of science was first breathed, up to this date.

Stop! Not to this date. Only up to August first, one thousand eight hundred and sixty, or thereabouts, when the August number of the *Medical Journal* of North Carolina, issued bimonthly, commenced, at page five hundred and nineteen and finished at five hundred and twenty-two, an editorial article which proves as plainly as Don Quixote proved to Sancho Panza the logic of his Dulcinean adventures, not only that science is *not* cosmopolitan, but that it must speedily, at once, and most imperatively, be "fenced in."

But to speak seriously, if the excitement of political times must drive men whom we expect to be guided by sober sense, so far as to discuss politics *a la Billingsgate* in journals that pretend to be devoted to science, we hope that it will be done, at least, without *economizing the truth*, which is entirely inexcusable.

We acknowledge no different sections in these United States, nor do we stand up for the preeminence of any centre—real or would-be—of medical education; but, when the *Medical Journal* of North Carolina says that it is "fashionable in northern cities to ignore the claims to respectability of the southern student at all times, and to treat him more as an outcast than as a gentleman whenever an occasion presents itself," that journal knows that it is balancing the truth on the point of a pin, only to show its expertness and to bring grist to the mill, in which it plays the part of the miller.

The *Journal* talks of the man "who is despised because he is a student, and hated on account of his southern blood," and paints in doleful language the "hard time" which he must have, under such circumstances, to prosecute his studies. Doleful, indeed! only that, like the man of the moon, children only can see him.

It does not, of course, enter into our province to quarrel with the *Medical Journal* of North Carolina, if it succeeds, by every possible *honorable* means to draw students to the particular interests which it represents; but protest we must when it attempts to do so by means for which even ignorance can be no excuse. And, before all, in a spirit of fellow-feeling for our cotemporary, we would suggest to it not to disprove by the spirit of its words what it endeavors to prove by their literal meaning.

When, for instance, it says "that no man can study to any advantage whose mind is distracted by excited passions, or diverted from the legitimate object of its pursuit by other and more absorbing matters," the very article in which that sentence occurs is so full of excitement, passion, and of matters not belonging to science, that any one who reads it, must suppose it intended to keep students at a respectful distance from any point within its radius; and yet we all know (and the *Journal* will scarcely be willing to deny it, we suppose) that the article referred to was especially written to *attract* students instead of repelling them.

It is to be hoped that those who represent medical schools in the medical press throughout the country, will begin to be honest amongst themselves and honest to the profession. It is high time, if they do not wish to see themselves swamped by the rising tide of a sound, healthy medical revival, the forebodings of which can be traced everywhere. No one has any objection against rivalry—nay, it is even necessary; it will stimulate to progress and endeavors to excel. But let that rivalry be an honorable one; let it consist in improving the facilities for

learning and excelling the rival, but not in appealing to angry passions and making statements which cannot be borne out by truth.

SPIRIT OF THE MEDICAL PRESS.

The September number of the Atlanta (Geo.) *Medical and Surgical Journal* comes to us with the *Valedictory* of Drs. Logan and W. F. Westmoreland, its late editors. For five years our editorial intercourse with these gentlemen has been most pleasant, agreeable, and profitable, and we part with them with sincere regret. We are sorry to learn that their five years' labor has been one merely of love. Dr. J. G. Westmoreland assumes the editor- and proprietorship in a well-conceived salutatory. The Atlanta has been one of our sterling journals, and, from what we know of the abilities of the new editor, we feel satisfied that it will not take a step backward.

The leading editorial of the Louisville *Monthly Medical News* hardly, we think, comports with the dignity that should characterize a work devoted to science. It is nothing more than a witty novelette, the hero being a quack and an arrant hypocrite. Its flings at professors of religion, by being so sweeping, are out of taste, to say the least, and tantamount to a condemnation of all who connect themselves with churches. The *News* might have made its point in a much less objectionable and more dignified manner.

The *Lancet* comments on the alacrity which governments manifest in detecting adulterations designed as frauds on the revenue, as contrasted with their indifference to those which are perpetrated at the expense of the consumer, as of food and drink, and, it might have added, medicines. It claims that we should have adequate security that the bread, which is our daily food, the milk, upon which the infant population is reared, shall not be so tampered with, empoisoned, or impoverished, as to be rendered incapable of conversion into living bone and muscle. It looks to the Act for Preventing Adulteration of Articles of Food and Drink—itself an adulterated article, in consequence of the opposition it met in Parliament—to aid in putting a stop to the evils resulting from the adulteration of articles of food and drink. In our country, this is an almost totally neglected field for the restrictive exercise of legal enactments, except as regards the importation of adulterated drugs. In our chief commercial cities, drug inspectors are appointed by government—men, however, who are too often more given to politics than to the materia medica—to prevent the *importation* of adulterated drugs, though there is no check on *home* adulteration by the "grinders." The Legislatures of most, if not all, of our States contain some medical men. They could scarcely serve the public better than by urging the passage of laws against the adulteration of food, drink, and medicines.

The *Lancet* recommends the prohibition, by statute, of those horrible dances and *tours de force* on a tight-rope, which produce some excitement to the public and gain to the performers, at a risk of life, which has just received an illustration in France in the case of two patients, recently received into a Parisian hospital, severely, if not fatally, injured by falls while performing a daring feat on the tight-rope at an elevation of ninety yards from the ground. There are fools of the same kind in this country, who should be brought under the wholesome restraints of legal enactments.

We commence this week the publication of Reports of Medical Societies, and Hospital and Clinical Records of New York, which hereafter will appear regularly, in their proper places, under the signature of "C.," whom our readers will find to be a de'il o' a "chiel amang them takin' notes."

Correspondence.

EUROPEAN CORRESPONDENCE.

London, Oct. 15th, 1860.

Editors of Medical and Surgical Reporter:

Gentlemen:—The day before yesterday I attended St. Bartholemew's Hospital on the occasion of the weekly clinic which is held there. I was in hopes of seeing some of the distinguished surgeons of London, and my expectation was not disappointed.

There were many more students in the room than I had seen when I visited the hospital before. Then there had only been 20 or 30 present, while on this occasion the room was crowded by perhaps 100.

The first operation which I saw performed was by Mr. Lawrence. It was on a young girl, apparently about 18 years of age, with a very large tumor of the leg, which had begun about seven months before. Very few remarks were

made by the operator, and those which were made were in an almost inaudible tone of voice.

Before the operation I understood him to say that he was undecided as to whether he ought to consider it scrofulous or malignant; this was all that I could understand of all that he said.

After the administration of chloroform, incisions were made in a place where the skin seemed to be on the point of ulcerating, to examine the nature of the tumor, and by pressure around them a cheesy matter was forced out.

The limb was then taken off above the knee by the circular operation, a retractor being used to draw back and protect the muscles during the sawing of the bone.

The patients are brought into and carried out of the operating room on a litter without any mattress, and a couple of straps are buckled over them to retain them with the more certainty.

This poor girl appeared to have been so much exhausted by the suffering which she had endured that she was perfectly helpless, and when carried made no effort even to raise her head; she was very pale, and I fancied I saw indications of the cancerous cachexia.

An examination was made of the amputated leg; but I was unable to obtain either a view of the tumor or a single word of the observations made about it.

The next operation was performed by Mr. Stanley, assisted by Mr. Paget. It was the amputation of a cancerous breast in an elderly woman. The tumor was large, and a well-marked case of hard cancer.

The last case was the removal of a deep-seated, apparently fatty tumour, from the region of the femoral artery, just below Poupart's ligament. The tumor was small, and I could not but admire the powers of diagnosis which enabled its nature to be recognized. The operation was performed by Mr. Skey. All three of the operators were gray-haired gentlemen, partially bald, and rather short. Mr. Paget, on the contrary, was much younger, apparently, and rather tall.

St. Bartholemew's contains 650 beds. It was founded A. D. 1102. Harvey lectured there on the circulation of the blood in 1619.

This morning I visited the Museum of the College of Surgeons in Lincoln's Inn Fields. It is decidedly the largest I have yet seen, filling three large rooms, one of them very long, and all three having two galleries surrounding them. There was a very full and complete catalogue. The collection appeared to be particularly rich in comparative anatomy and in craniology.

One remarkable specimen was that of a mummy, made in the last century, of the wife of a London citizen. An advertisement, cut from a newspaper of that time, was pinned close to it, in which the husband proclaims that he will not exhibit his wife's embalmed body to any one who is not introduced by a friend, and even then only at certain specified times.

From the short time which I spent in the Museum, anything like a detailed description is, of course, impossible. When I return to London from the Continent, I hope to be enabled to visit it again, and spend more time there.

In my next letter I shall probably give you a sketch of a lecture delivered in a Paris hospital.

Very truly yours,

M. D. Abroad.

MEDICAL SOCIETIES IN NEW YORK.

New York, Nov. 13, 1860.

Messrs. Editors:—A movement is under way to establish a new medical society. Part of the programme is "to be liberal towards young men, to encourage real worth, and to aid in their advancement—scientific and also in practice—those that want to be 'workers' in medicine and have it *in* them." Don't criticize the syntax of the quotation, for it was spoken colloquially and off-handedly by one of the prime movers, and indeed sounded well in conjunction with the rest of a very enthusiastic announcement of the plan, character, objects, and capabilities of the proposed society. A leading idea, in addition to the mutual scientific and social improvement arising from all well-conducted societies, seems to be the establishing and enforcing on its members of a higher standard of professional ethics in practice than at present in vogue in Gotham. This is certainly very laudable, and its accomplishment a consummation devoutly to be wished; but I must ask you to suspend final judgment awhile.

There are among us seven or eight medical societies.

By far the most interesting discussion at the Academy of Medicine for a long time was a recent one on Pessaries. We had, on that occasion, the pleasure of hearing Dr. J. Marion Sims speak for the first time, though he has been a member of the Academy for several years. Dr. Gardner expressed his disapprobation of all kinds of pessaries *in toto*, and under all circumstances; and, though this gentleman went to extremes and in so far erred, he had, in my opinion, the best side of the argument.

The New York Pathological Society is an active and, to its members, valuable society, especially under its present able officers.

The New York Medico-Chirurgical College, though at first looked upon as "not exactly right," has become, through the untiring exertions of its working members (and it is fast ridding itself of other members) a valuable society. It is a pity that it has no abiding, dwelling place, for it is a peripatetic society, getting board and lodging in turns at the houses of its married members. The privacy of its

meetings has, as yet, prevented its exerting as much influence as it otherwise might. At present its existence, indeed, is but very little known; its name, constitution, and by-laws are, however, undergoing revision, (I have been told by one of the members,) and it requires but few changes to open for it a career of great and permanent usefulness in advancing scientific medicine.

The New York County Medical Society exists but in name, and doesn't deserve that. Its only meetings are its "anniversaries," and the following is an example of a farce of that kind. Among the Special Notices in the *Medical Times* of last Saturday, was seen in caps, small caps, and italics:—

"New York County Medical Society.—The Anniversary Meeting of the New York County Medical Society, will be held at the College of Physicians and Surgeons, on Monday evening, November 12th, at 6 o'clock. By order.

"O. White, M. D., *Pres't.*

"H. S. Downs, M. D., *Secretary.*"

The number of member is nearly 500; convened at six o'clock; fifteen a quorum, to get which those present went into the street to pick up some members, and for want of which quorum the Society was not called to order until half-past 7 o'clock, at which time a Doctor living across the way was at last prevailed upon to lend the anniversary meeting, at which, too, new officers are to be elected for the ensuing year, the indispensable value of his gracious presence, and he was welcomed and applauded by hand-shaking and feet-stampings as the fifteenth man.

Order of Exercises.—Reading of the minutes of last year's meeting, (an exact counterpart of the present minutes adopted.) Reading of the minutes of the Comitia Minora, (whose business it is to make believe that the cadaver is still alive, for the purpose hereinafter mentioned.) No report of Treasurer, (Treasurer absent.) No report of Committees. No new members proposed or to be ballotted on. No communications received. No remarks by any member. Election of President and Vice-President. Re-election of Secretaries and Treasurer. Election of Censors and Comitia Minora "with full power." Appointment of a number of Committees, such as one on Meteorology, one on Disease, one on Epidemics, one on Hygiene, etc., etc., (none of whom is ever expected to do anything.) Adoption of a resolution to prepare a list of deceased members to be presented to the State Medical Society. Adoption of a resolution to complain of the State Medical Society for ignoring the existence of this Society, as it has not sent any copies of its Transactions for two years, and also omitted to name the officers of this Society in its "List of Officers of County Medical Societies in the State of New York." (A voice was for "secession.")

Adjournment at 8 o'clock precisely.

The only object of the whole farce seems to be the preservation of the privilege of the "Comitia Minora" to send delegates in the name of the N. Y. County Medical Society to the various medical meetings in the land; thus there were sent *thirty delegates to the American Medical Association*, etc. Whether this engineering is to be allowed to continue, and the rights of such delegations confirmed, it is not for your correspondent to determine.

The Medical Union, as well as the other two remaining Societies have but a limited number of members; and though very good, as far as they go, cannot make themselves felt in the Profession; so, you see, we really have no Society or Association that at present represents anything like the Profession of New York. While there is, therefore, room and chance for a Standard Society in Gotham, it is, as yet, more than doubtful that the one proposed will supply the desideratum.

The persistent efforts that have been made here for a week past to get up a stampede of the Southern students, have not, I am happy to say, resulted in an abduction, but ended in resolutions deferring action.

Yours truly, Gothamite.

A NONDESCRIPT;—TETANUS IN A CHILD FROM A STONE IMPACTED IN THE URETER.

Messrs. Editors:

I was called October 30th to see a child, nine months old, suffering with cholera infantum. Found the child much weakened by the excessive discharges and vomiting. These were restrained through the day and night by small doses of elixir vitriol. On my return next morning found it insensible; tonic carpo-pedal spasm, and with opisthotonic contraction. These symptoms, with the exception of the stupor, were relieved in three hours by the free use of cold baths and quinine. Leaving it for an hour, at 2 P. M. I found a new set of symptoms had been ushered in. The pulse and skin were normal; but there was exceeding difficulty in the respiration, with spasmodic action of the larynx. Suddenly there was a gasp, and respiration ceased. For forty seconds the pulse beat steadily along, when it wavered, and fearing the cessation of the heart's action, I applied my lips to those of the child, and closing its nostrils, forced the air gently into its lungs, then compressing the ribs, it gasped, and after several insufflations, respiration was restored. *Nine* times in the ensuing four hours it was necessary to repeat this process, after which the breathing became regular. The stupor continued through the night; pulse, skin, and respiration normal till 8 A. M., when instantaneously the heart's action ceased, and with a few gasps all was over. We have the cause in the irritation of the bowels; the explanation of its develop-

ment and consecutive action is a matter not so readily solved.

I recently assisted a brother physician in the post mortem of an infant, sixteen months old. It had been sick two weeks, and was seemingly getting well, when tetanus supervened, and it died in eighteen hours. The inner portion of the left kidney had suppurated freely, and was discharging through the ureter. The cause of the tetanus was revealed in the right kidney, a *stone*, phosphatic, weighing two grains, had become impacted at the origin of the ureter, too large to be passed. We also removed two smaller stones from the same kidney. We had every reason to believe that the child would have survived the extensive suppuration in the left kidney. I doubt whether this case can be paralleled. A correct diagnosis was, of course, impossible, from the tender age. Truly our best discriminative efforts often prove to be fallacies. The case, however, will be reported in full. I merely desire to call your personal attention to it as a rarity.

Edward H. Sholl.

Warsaw, Ala., Nov. 8th, 1860.

A STUDENT'S COMPLAINT.

Editors Medical and Surgical Reporter:

Will you allow a student a space in the Reporter to make a few suggestions to his fellow-students in regard to clinics?

I am a great friend and admirer of so-called *promenade concerts* and have often enjoyed them. But of all things in the way of *promenading*, I hate *promenade cliniques*, which it seems the endeavor of some few of my fellow-students to establish. It is most annoying, when one happens to sit not far from the door, to lose the words of the lecturer, his questions, and the answers of the patient, by the constant ingress and egress of a few stragglers, who always appear to be "on the wing." These gentlemen, who, of course, can derive no earthly benefit from such perambulatory attendance, are, besides, in the habit of colloquial exercise, which may add very much to *their* interest, but is scarcely in *tempo* with the rest of the performance.

Could not something be done to abolish this evil? Yours,

Studeosus.

Philadelphia, Nov. 13th, 1860.

—o—

The medical career is so admirable when divested of all cupidity, it brings so much into play the better feelings of our nature, that it often ends by being a virtue after commencing as a profession.—*Lamartine.*

A small portion of London is said to be crowded to the density of 243,000 inhabitants to the square mile.

NEWS AND MISCELLANY.

A Ridiculous Mistake in Diagnosis.—We placed in an upper set of artificial teeth for a lady patient about one year since, but, on account of the shrinking of the gums it became necessary to refit the plate about four weeks ago. We expected to retain the case in our hands about two days. The teeth were left us in the morning about eight o'clock, to be finished the next day by five, but, to our surprise, at ten, the next day, a lady called to ascertain if the teeth could not be finished before five, as the patient had been taken very ill indeed early that morning, with *paralysis* of the lower jaw and tongue, and it gave the face such a ghastly look that they wished the teeth as soon as possible to place in the mouth before she would die, and they did not think she would live until night. The teeth were finished by one o'clock, and dispatched at once to the patient by the hands of an assistant, but the patient was so very ill that the assistant could not be permitted to see her, so he returned with the teeth. But the next morning a little girl called for the teeth, with the cheerful intelligence that the patient had entirely recovered; that instead of it having been *paralysis*, that it was *dislocation* of the *lower jaw* from incautiously yawning; but the mistake was not discovered until a second doctor was called in, and the patient had taken the usual remedies for paralysis, together with having the nape of the neck well scarified and six cups applied.—*Dr. White—Dental Cosmos.*

The above reminds us of a somewhat similar case that occurred in this city a few years ago, and was related to us by the late Dr. Janney. A gentleman while yawning, as he awoke in the morning, found his mouth suddenly and painfully fixed wide open. He arose in alarm, and ran to the nearest doctor, who happened to be a homœopath. The homœopath seemed confounded by the curious predicament of the patient, but after carefully examining him, pronounced it a case of *lockjaw*, and remarked that the jaw was *locked open!*

The inevitable sugar powders were prescribed, and the patient directed to return home and go to bed. After continuing under this treatment for a few days, a shrewd visitor expressed some doubt as to the correctness of the diagnosis, and insisted on his friend seeking other advice. The result was that Dr. Janney was called on, and the jaw that was "locked open," was soon shut, with a snap, by the simple reduction of the dislocation by means of the Doctor's fingers.

The Man through whose Head an Iron Rod passed, Still Living.—Professor Hamilton, of the Ohio *Medical and Surgical Journal*, writes as follows:

All who are old enough to have been readers of medical journals in 1848, will recollect the case of the man Gage, through whose head passed a tamping rod, three feet seven inches in length, an inch and a quarter in diameter, and weighing 13¼ pounds.

A few months ago we had occasion, in some clinical remarks, to make mention of this remarkable case, in which we stated that, though the man survived, we were not informed as to the mental and general condition in which the injury left him.

Dr. Henry Trevitt, of Valparaiso, South America, who was present, at once replied to our remark that he knew Gage well; that he lived in Chili, where he was engaged in stage driving; and that he was in the enjoyment of good health, with no impairment whatever of his mental faculties.

Dr. Harlow, of Cavendish, Vermont, in whose practice the case occurred, described the wound as commencing just anterior to the ramus of the inferior maxillary bone of the left side, taking a direction upward and backward toward the median line, passing through the left anterior lobe of the cerebrum, and making its exit at the junction of the coronal and sagittal sutures; lacerating the longitudinal sinus; extensively fracturing the frontal and parietal bones; breaking up a large portion of the brain, and protruding the globe of the left eye from its socket by nearly one-half its diameter.

Protrusion of Bone by Growth from the end of a Stump.—When limbs have been submitted to amputation in childhood, it not unfrequently happens that, as the individual grows, so does the bone elongate itself in a proportionate manner, and then protrudes through the soft parts, after a time forming a conical stump. Instances of this kind we have already brought under the notice of our readers; and that the bone does grow is believed by many surgeons of high authority, amongst whom are Mr. Stanley, Mr. Curling, and others. An undoubted example of it was recently admitted into Guy's Hospital, under Mr. Hamilton's care. The patient was a healthy-looking girl, of about the age of eighteen years, whose right arm had been amputated in childhood. The stump healed kindly, and remained healthy for some years, when it gradually became conical, and from the point protruded the end of the humerus. Its appearance was like an exaggerated nipple somewhat drawn out. There was no retraction of muscular substance here, but clearly an outgrowth of bone. The soft parts were tender in spots, as if from the pressure on or stretching of some of the nerves; in fact, they could be marked by pins. The rest of the stump was healthy. Chloroform was given on the 24th of July, an incision was made on either side, freely laying open the stump, and three inches of the bone sawn off; the parts were brought together, and the girl is now doing very well.—*Lancet.*

Volatility of Mercury.—Professor Mallet confirms the observations of Stromeyer on the evaporation of mercury with the vapor of water at comparatively low temperatures. Some mercury got mixed in his laboratory with a porous clay, which was dry to the touch, but which gave off 8 or 10 per cent. of water when heated to 100° C. A specimen of this was placed in a common copper box with double sides, which serves as a steam-bath, and exposed to the temperature of boiling water. In half an hour the glass tube through which the heated air and vapor from the inside of the steam-bath escapes, was covered with a bright specular deposit of metallic mercury. From this it is clear that the metal does volatilize in considerable amount when surrounded by the vapor of water at 100°.—*Chemical News. Dublin Press.*

Infantile Mortality in London.—In the fifth report of sanitary progress of the National Philanthropic Association, it is stated that of 100 children born in Church-lane, 31 die before the first year; in the whole of St. Giles's, 28; Lambeth, 20; City of London, 19; Islington, 16. Out of 100 children living, at one year and under two, there die in Church-lane, 46; St. Giles's, 15; Lambeth, 10; City of London, 12; Islington, 7. The report adds that it will be seen that, while only 7 in 100 die in Islington from one to two years, 46 die in Church-lane, which should be called Church-yard rather than Church-lane.—*Dublin Press.*

Army and Navy.—Leave of absence for six months has been granted to Asst. Surgeon J. H. Berrien, on condition that suitable medical attendance be furnished to the troops at Colville Depot, W. T., without expense to the U. S. during his absence.

Asst. Surgeon D. P. Ramseur, has been ordered to relieve Asst. Surg. W. J. L. White, at Fort Clark, Texas; the latter, on being relieved, has been instructed to report, in person, to the Surgeon General of the Army.

Pennsylvania College of Dental Surgery.—The annual course of lectures in this Institution commenced on Monday, the 5th inst., under the most favorable circumstances. The class being much larger than at any previous opening, and the interest manifested by those present, gave ample evidence of their desire to be up with the present advanced state of the science. We feel safe in predicting that the Faculty will leave nothing undone to merit the increased patronage extended to this flourishing school.

Return of the Surgeon of the Hayes' Expedition—The Vessel in Winter Quarters and the Party all Well.—Dr. Wm. Longshaw, Jr., of East Cambridge, who went out in Dr. Hayes' expedition as surgeon, has arrived home, and reports the officers and crew all well. He left the vessel after her arrival at winter quarters. She was, at the time he left, frozen in ice, where she would remain until June next.

Dr. L. brought dispatches from Dr. Hayes for the committees at Boston, New York, Philadelphia, and Baltimore, who aided in fitting out the expedition, and to the general government at Washington. These he left with the American consul at Copenhagen, and they should have reached their destination ere this time. He also brought letters to other parties.

At the time he left everything seemed favorable for the prosecution of the objects of the expedition another year. Dr. L., accompanied by an envoy, furnished by the Danish government, went across Greenland to a Danish port, from which he sailed for Copenhagen. Afterwards he visited Paris, and he came from Europe in the City of Edinburgh, arriving home on Thursday, week before last.

Reduction of Strangulated Hernia by Inverting the Patient.—A case of successful treatment of strangulated hernia by manipulating the tumor whilst the patient was raised perpendicularly on his head and shoulders by assistants, is reported in the *Lancet* as "*a new method.*"

Perhaps there is not a surgeon in this country who is not familiar with this maneuvre, and it also seems to be popularly known. We once heard from a sailor that it was a common practice at sea in the reduction of ordinary cases of hernia.

Prosecution of a Bone-setter.—A boy at Birkenhead, England, was injured, and a bone-setter was called in who said that the thigh bone was broken, and accordingly professed to set it. For this he received his fee. The boy became rapidly worse and died in a few days. A post-mortem examination showed that the bone had never been broken. On account of mal-treatment of the case the coroner's jury rendered a verdict of "manslaughter" against the quack.

The Museum of Comparative Zoology at Cambridge was opened at Boston on Tuesday last. The exercises consisted of addresses by Governor Banks, President Felton, Professor Agassiz, and Dr. Jacob Bigelow. A large and interested audience was present. The museum is endowed with $225,000, of which $100,000 is by the State and the remainder by individual donations.

A New Remedy for Croup.—Bouchut, a French surgeon, is said to be curing croup by removal of the tonsils. Eleven successful cases have been published.

Lectures to the Insane.—We had the pleasure, on Tuesday evening last, of being present at the Pennsylvania Hospital for the Insane, (Dr. Kirkbride's,) at a lecture on the "Habits of Insects," delivered before the female patients of the hospital by Dr. Isaac P. Trimble, of Newark, N. J. A more attentive audience we have never seen, and it is evident that such intellectual diversions must contribute much to arouse the slumbering faculties of the patients and contribute to the restoration of their mental powers. The lecture was peculiarly attractive on account of the close observation with which Dr. Trimble has studied the subject, enabling him to illustrate the wonderful habits of these animals by striking and curious examples.

For the Examination of Milk, Mr. Fellenberg (*Schweizer Zeitschr. für Pharmacie*) recommends an areometer constructed on a principle which renders it much more suitable for the examination of liquids but little lighter or heavier than water, than the common hydrometer. The difference is simply in the proportion as to size between the bulb and scale. For, while in the common hydrometer the volume of the float and that of the scale are in the proportion of 10 to 6, in the new areometer it stands at 150 to 1, corresponding to a volume of water of resp. 1500, and 10 grains.

Formation of Crystals.—Hauer says, that when a broken crystal is placed in a solution of an isomorphous salt it quickly recovers its original form; but when a crystal is cut so as to give faces belonging to combinations of the same crystalline system, only these new faces are developed. A crystal with artificial faces placed in a solution of an isomorphous salt behaves exactly like a natural crystal. In this way we may produce mechanically at will any crystalline combinations whatever.

Quinic Acid in the Herb of the Whortleberry.—Messrs. Zwenzer and Siebert (*Annalen der Chemie u. Pharmacie*, July, 1860,) have found that several plants belonging to the family of Ericineæ, among which the Vaccinium Myrtillus, whortleberry, contain a considerable proportion of quinic acid, identical with that obtained from Peruvian Bark.

Errata.—In the last number of the Reporter, in the article of Dr. Thompson, on page 138, second column, 20th line from the bottom, after the word "affections," insert "of the throat, because he says it produces such affections," making it read: "The Homœopathist gives belladonna in certain affections of the throat," etc., etc. And in the 17th line, read "explanation" instead of "operation."

A Village Hospital.—The management of cases of accident and severe illness amongst the poor in rural districts constantly offers the most serious difficulties to the surgeon. If there should happen to be a large hospital near at hand, or within a convenient distance, the difficulty is quickly solved by transporting the patient to that establishment, where all his wants are anticipated, and the necessities of his case supplied. In remote villages, in isolated districts, and in localties where the hospital is far distant or its accommodation insufficient, the patient must suffer greatly from the absence of all the appliances and the kind of nursing and attendance which only such an institution can afford. A well-devised effort, made at the village of Crawley, successfully meets these shortcomings in that district, and may serve as a model to be usefully copied elsewhere. The Crawley Village Hospital consists of a cottage, which the rector lends rent free. It is designed for the accommodation of the poor when suffering from sickness or from accident. The establishment is composed of a nurse and a servant; a lady has also promised the benefit of her assistance in special cases. The institution has now been working a year, during which period twenty-two cases of accident and disease have been successfully treated, at an expenditure apparently not exceeding £60. The number of beds is now fixed at six. Placed in the midst of a healthy atmosphere, and each of them the object of anxious and special care, the patients are favorably situated for cure. Crawley Village Hospital is a sensible and useful development of local philanthropy, for which we desire permanence and a rich fruition of useful works. Like the Military Hospital at Renkioi, such an establishment enjoys the immense advantage of being capable of indefinite increase according to need, without impairing its sanitary principle of isolation. You have but to add cottage to cottage.—*Lancet.*

Pamphlets Received.—An Inquiry concerning the value of testimony respecting facts as they appear to a mind partly conscious, by T. L. Wright, M. D., Bellefontaine; from the Transactions of the Ohio State Medical Society.

Classification of the Animal Kingdom, by Dr. Hayes Agnew, M. D.: Lecture on Anatomy, Clinical Lecturer on Surgery in the Philadelphia Hospital, etc.; an Introductory Lecture.

An Essay on the Treatment of Phthisis by Chlorate of Potash, etc., by E. J. Fountain, A. M., M. D., of Davenport, Iowa.

A Hospital for Consumption at Torquay.—A London merchant, whose daughter was greatly benefitted by the climate of Torquay, has offered five hundred pounds to aid in completing the hospital at that place.

MARRIAGES.

Wilson—Dillinger.—On Tuesday evening last, 6th inst., by the Rev. B. M. Schmucker, Dr. J. H. Wilson, of Schnecksville, to Miss Lovina S. Dillinger, of Allentown.

Pepper—Hamilton.—October 24th, by Rev. Wm. Minnis, D. D., J. G. Pepper, M. D., of Huntsville, Ala., and Matilda J. Hamilton, of New Market, Tenn.

Carr—Sims.—On the 8th Nov., at New York, by the Rev. Dr. Potts, Charles H. Carr to Mary V., eldest daughter of Dr. J. Marion Sims.

DEATHS.

Rankin.—On the 17th of October, near Curllsville, Clarion county, Pa., Mrs. Eliza, wife of Dr. J. M. Rankin, in the 65th year of her age.

Halberstadt.—At Pottsville, on Friday, the 9th instant, Dr. George Halberstadt, in the 56th year of his age.

Answers to Correspondents.

Dr. J. A. W.—Your letter has been received, but it is impossible, at present, to give you precise information on the subject. More in a few weeks.

Dr. F., Iowa.—Vaccine matter has been sent.

Dr. A. W. W., N. J.—We are anxiously waiting.

Dr. I. A. N., N. J.—There is room for those mortality reports.

Dr. J. F. N., La.—Hartshorne's Memoranda Medica has been sent by mail. Send us $1.00.

COMMUNICATIONS RECEIVED.

Delaware—Dr. G. P. Norris, (2.) *Georgia*—Dr. J. E. Blackshear. *Illinois*—Dr. C. S. Spillman, (with encl.) *Indiana*—Dr. E. B. Glick, (with encl.,) Dr. J. Lewis. *Iowa*—Dr. G. M. Staples. *Kentucky*—Dr. W. D. Gray, (with encl.,) Dr. G. W. Ronald. *Louisiana*—Dr. N. B. Benedict, Dr. J. F. Newton. *Maryland*—Dr. H. B. Wilson. *Massachusetts*—Dr. W. T. Brackett, (2.) *New York*—Dr. Macnicholl, (4,) Dr. H. Swits, (with encl.,) Dr. J. G. Snell, (with encl.,) Dr. C. Devendorf, (with encl.,) Dr. M. T. Peak, (with encl.,) Dr. G. J. Newton, (with encl.,) Dr. W. H. Johnson, (with encl.,) Dr. S. W. Maxwell, (with encl.,) Dr. W. A. Hubbs, (with encl.,) Dr. S. A. Ingham, (with encl.) Dr. P. Billingger, (with encl.,) Dr. J. E. Casey, (with encl.,) Dr. J. H. Douglass, (with encl.,) Dr. J. B. Nold, (with encl.,) Dr. D. C. Brown, (with encl.,) Dr. H. F. Teed, (with encl.,) Dr. N. R. Cresswell, (with encl.,) Dr. W. J. Kingsley, (with encl.,) Dr. S. P. Scudder, (with encl.,) Dr. J. V. Cobb, (with encl.,) Dr. G. F. Collins, Dr. H. Hernstreet, (with encl.,) Dr C. W. Bates, Dr. J. Atherley, C. Evans, (with encl.,) Dr. R. W. Clark, Dr. E. S. Gaillard, (with encl.) *Ohio*—W. E. Chapman. *Pennsylvania*—Mr. Jno. Hulme, (2,) Dr. F. C. Harrison, (with encl.,) Dr. W. A. Case, (with encl.,) Dr. J. R. Evans, (with encl.,) Dr. J. Smith, (with encl.,) Dr. D. H. Montgomery, (with encl.,) Dr. J. H. Keeler, Dr. H. Clapp, Dr. W. H. King, (with encl.,) Dr. G. B. Swayze, (with encl.,) Dr. J. C. Snaeffer, (with encl.,) Dr. G. Weserman, (with encl.,) Dr. G. Weiser, (with encl.,) Dr. H. O. Witman, (with encl.,) Dr. H. R. Caslow, (with encl.,) Dr. J. K. Hertz, (with encl.,) Dr. P. F. Waggonseller, Dr. H. Neal, (with encl.,) Dr. S. H. Harry, Dr. F. W. Quig, (with encl.) *Rhode Island*—Dr. E. M. Snow. *Tennessee*—Dr. J. A. Hudson. *Vermont*—Dr. C. L. Allen, Dr. S. R. Day, Dr. A. E. Horton.

Office Payments—W. M. Christman, J. Roberts, Dr. H. A. Fahnestock, (Pa.,) Dr. G. F. Fort, (N. J.,) Dr. R. Barr, (Pa.,) C. M. Robinson, Dr. W. T. Howard, (N. C.,) Dr. F. B. Poley, (Pa.) By Mr. Swaine: Drs. S. B. Ladd, A. G. Heston, J. Kammerly, J. Gilliams, Evans, McBride, J. Kline, (adv.,) R. H. Dutton, (adv.) By Mr. Foster: A. R. Gray, A. T. Robertson, T. J. Swisher.

MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 3, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	226	396	81	156	.....	.....	.....	18	.....	.....	.....
Males	111	203	30	105	.....	.....	.....	6	.....	.....	.....
Females	115	193	45	30	.....	.....	.....	12	.....	.....	.....
Sex not stated	.....	.....	.....	21	.....	.....	.....	.....	.....	.....	.....
Whites	113	390	59	138	.....	.....	.....	6	.....	.....	.....
Black and colored	13	6	16	20	.....	.....	.....	12	.....	.....	.....
United States	174	248	.....	48	.....	.....	.....	13	.....	.....	.....
Foreign countries	40	148	.....	69	.....	.....	.....	5	.....	.....	.....
Nativity unknown	12	.....	.....	39	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	100	185	37	33	.....	.....	.....	4	.....	.....	.....
5 to 10 years	19	19	3	2	.....	.....	.....	1	.....	.....	.....
10 to 20 "	12	8	6	5	.....	.....	.....	.....	.....	.....	.....
20 to 50 "	60	109	15	76	.....	.....	.....	10	.....	.....	.....
50 and over	35	71	20	17	.....	.....	.....	3	.....	.....	.....
Unknown	.....	4	.....	23	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	4	11	4	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Infantum	1	5	.....	1	.....	.....	.....	.....	.....	.....	.....
Cholera	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	2	6	.....	8	.....	.....	.....	.....	.....	.....	.....
Diphtheria	17	10	.....	1	.....	.....	.....	1	.....	.....	.....
Dysentery	2	1	3	6	.....	.....	.....	1	.....	.....	.....
Erysipelas	3	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	7	.....	.....	.....	1	.....	.....	.....
" typhoid	2	6	2	2	.....	.....	.....	.....	.....	.....	.....
" typhus	1	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
" scarlet	22	23	2	4	.....	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	2	1	1	.....	.....	.....	.....	.....	.....	.....
Measles	.....	2	2	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	8	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	3	4	.....	1	.....	.....	.....	.....	.....	.....	.....
Congestion of Lungs	4	7	.....	.....	.....	.....	.....	.....	.....	.....	.....
Consumption	29	57	11	14	.....	.....	.....	3	.....	.....	.....
Pneumonia	2	15	1	8	.....	.....	.....	.....	.....	.....	.....
Hemorrhage from Lungs	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	4	3	1	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	5	27	1	7	.....	.....	.....	1	.....	.....	.....
Congestion of Brain	4	8	.....	1	.....	.....	.....	.....	.....	.....	.....
Disease of Brain	2	1	.....	1	.....	.....	.....	1	.....	.....	.....
Delirium Tremens	3	6	.....	3	.....	.....	.....	.....	.....	.....	.....
Epilepsy	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	5	13	4	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	3	11	2	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis	3	4	4	.....	.....	.....	.....	.....	.....	.....	.....
Tetanus	.....	2	1	5	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	8	6	2	.....	.....	.....	.....	1	.....	.....	.....
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	5	.....	1	.....	.....	.....	1	.....	.....	.....
Hepatitis	12	1	1	.....	.....	.....	.....	1	.....	.....	.....
Inflammation of Throat	1	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	2	8	2	7	.....	.....	.....	1	.....	.....	.....
Marasmus	9	28	.....	3	.....	.....	.....	1	.....	.....	.....
Peritonitis	6	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	3	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	4	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Dropsy	5	14	3	2	.....	.....	.....	2	.....	.....	.....
Debility, etc	11	8	1	3	.....	.....	.....	.....	.....	.....	.....
Fever	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Scrofula	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	1	.....		.....	.....	.....	.....	.....	.....	.....	.....
Fever	.....	.....		.....	.....	.....	.....	.....	.....	.....	.....
Diseased Womb	1	1		.....	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	6	22	2	41	.....	.....	.....	.....	.....	.....	.....
Poisoning	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Stillborn	13	.....	6	7	.....	.....	.....	.....	.....	.....	.....
All other causes	12	36	23	14	.....	.....	.....	3	.....	.....	.....

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 214. } PHILADELPHIA, NOVEMBER 24, 1860. { NEW SERIES, VOL. V. NO. 8.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Crystaline Lens and its Diseases.

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to the Howard Hospital.

No. 4.

OPERATION OF EXTRACTION.

Freytag was the first operator who made an attempt to extract the cataract. After him, Lotterins, of Turin, performed the operation of extracting a crystaline lens that was opaque. But, as stated in a previous lecture, Daviel first communicated this method to the public. Then followed Wenzel, who was very successful with this form of operation. The instrument he employed, his son called a "ceratotome;"* it resembles the common lancet employed in bleeding, excepting that its blade is longer and not quite so broad. The blade is an inch and a half (eighteen lines) long, and a quarter of an inch (three lines) broad, in the widest part of it, which is at the base. From whence it gradually narrows towards the point, so that the breadth of a quarter of an inch extends only to the space of about one-third of an inch (four lines) from the base; and for the space of half an inch (six lines) from the point, it is no more than one-eighth of an inch (one line and a half) broad. This instrument, he states, can be employed for either eye; but the same instrument should never be employed to operate on both eyes on the same day, for, whatever care may be taken to cleanse the blade after the first operation, it becomes soiled with an unctuous, greasy substance, which prevents it from cutting clean. The Baron has no faith in any of the instruments to fix the eye, believing that they render the operation more complicated in itself than useful in fixing the eye.

Mr. France, the Ophthalmic Surgeon of Guy's Hospital, has shown how various have been the contrivances to fix the eye in the operation of extraction, and how all, owing to some disadvantage attending them, have become obsolete. He has also recommended the employment of simple artery forceps without spring-catch, which, he says, should be rather long, with broad nibs and prominent or projecting teeth, so as the better to take hold of the sub-conjunctival fascia simultaneously with the mucous membrane. His recommendation is supported by the details of twenty-seven cases, some of which I saw, while on a visit to Guy's Hospital, in 1859, with Mr. France, and they were as well-executed cases of extraction as I have ever witnessed. This method is also recommended by W. White Cooper, the Ophthalmic Surgeon of St. Mary's Hospital. At the commencement of the operation, the surgeon, in affixing the forceps, should make pressure with its nibs against the sclerotic, at some little distance beneath the cornea, 'ere closing them with the fold of tissues in their grasp. This is an essential point, as the lax conjunctiva, if seized alone, affords a much less firm anchorage to the globe.*

The assistant, to whom the forceps is delivered, should be instructed to rest his hand quietly upon the patient's face, and maintain the cornea in the central position as passively as possible,—by gentle traction, if required; but scrupulously to avoid either dragging or pushing with the instrument.

The operator, raising the upper lid with his forefinger, places that finger in the usual manner on the sclerotic above the cornea, and his middle finger on the sclerotic at the inner can-

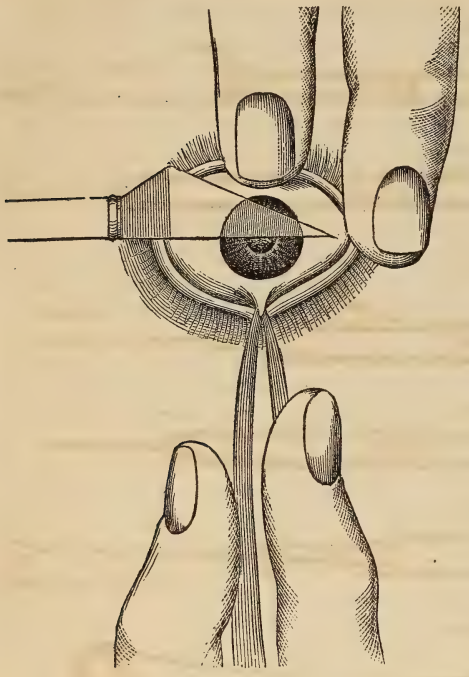
* A Treatise on the Cataract, by M. De Wenzel, Jun., Baron of the Holy Roman Empire, etc. Translated from the French, by James Ware. London, 1791.

* Guy's Hospital Reports, 3d Series, Vol. IV., and Ophthalmic Hospital Reports, April, 1859.

thus, and thus completes his command of the globe.

The incision of the cornea is made in the regular way; but when counter-punctuation is fully effected, just before the final completion of the flap, the forceps should be gently disengaged, as is shown in the woodcut, (fig. 1,)

Fig. 1.



which also gives the form of knife employed at Guy's Hospital.

There have been numerous modifications of knives, but not much advantage gained by either. The one I usually employ is that of Sichel, of Paris, (fig. 3,) which is but a slight modification of the knife of Beer. Beer's original knife is represented in fig. 4. The angle of the cutting edge is 15°,* and its length from point to shoulder along the cutting edge one inch and two-tenths. He observes, that in making it, attention must be paid that the back of the knife should be blunt, and not broad, but rounded off; its lancet-shaped point, must be sharp and cutting, in order to facilitate its perforating the cornea, while both sides of the knife must be gently arched, so that it may retain its shape. Moreover, the blade must neither be too much nor too little tempered.

Mr. Tyrrell reduced Beer's knife in length one-tenth of an inch, while in Mr. Walton's knife (fig. 2) a still greater reduction is made. The latter measures from the point to the shoulder 8-10ths of an inch, and across the broadest part 4-10ths. He thinks, that when these dimensions are exceeded, it is uselessly large, there being a liability to wound the parts at the corner of the eye.

The other instruments required in this operation is a curette (fig. 5,) for opening the capsule. It is a narrow, sharp-pointed, and slightly-curved steel instrument; to its opposite end is attached a minute silver spoon. Mr. Walton has devised a guarded curette, (fig. 6,) in which a hook is concealed, till protruded by a spring. A small and fine hook, (fig. 7,) and a slender pair of probe-pointed scissors, also a pair of canula forceps, (fig. 8,) will be found useful for seizing portions of opaque capsule, etc., as it can be introduced shut, and then opened, so as to produce a to and fro movement, and is not so likely to do mischief as the ordinary hook or forceps.

The great objects to be attained in this most delicate and important operation are, *first*, to make a semilunar opening in the upper part of the cornea, large enough to allow of the easy passage of the opaque lens; *secondly*, to tear, scratch, or cut the anterior capsule of the lens so freely as to let the lens escape through the aperture, when slight pressure is made on the lower edge of the globe, so as to cause the upper margin to advance first through the wound made in the cornea. The surgeon should make this pressure with his own hand or the handle of the cataract knife, being exceedingly careful not to lose any more of the vitreous humor than he can possibly help.

Following all the preliminaries which have been already treated of in the operation of reclination, and having also obtained the aid of one or two good assistants, the patient to be operated upon is placed on a high couch, or on a hard bed, or even upon a long wide board, with a hard pillow, near to a good light from a window. For elevating the upper lids, the following instruments are employed, (figs. 9, 10.)

First Stage.—The operator having taken hold of the cataract-knife like a writing quill, and having fixed the little finger of his hand on the zygomatic bone of the patient, the point of the

* Lehre von den Augenkrankheiten, 1817, or Weller's Manual.

Fig. 2.

Fig. 3.

Fig. 4.

Fig. 5.

Fig. 6.

Fig. 7.

Fig. 8.

Fig. 9.

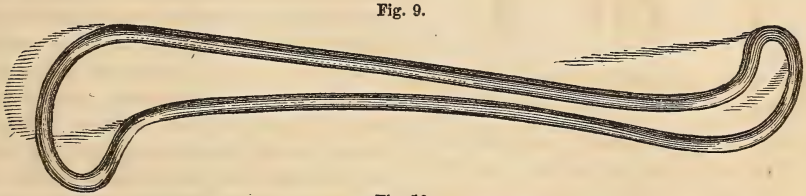


Fig. 10.

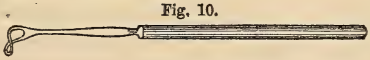
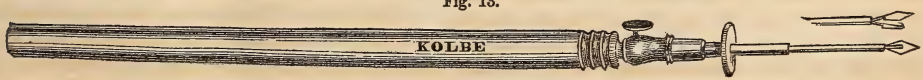


Fig. 11.

Fig. 12.

Fig. 13.



knife being directed obliquely to the iris, and its edge turned downward, he punctures the cornea at the external canthus the eighth part of an inch from its edge and the fourth part of an inch above its transverse diameter.

When he knows by the feeling, and what he sees, that the point of the knife has perforated the cornea, he approaches the handle of the knife toward the temple of the patient, and pushes the instrument cautiously, neither too quickly nor too slowly, across the anterior chamber, the point of the knife directed somewhat upward, and its blade kept parallel to the iris; he then also perforates the cornea with the point of the knife on the opposite side, an eighth part of a line from its edge, and completes the perfect semicircular section of the cornea by merely pushing on the instrument without touching the iris or raising the cornea. A too small incision of the cornea is, in general, a great fault in every case of extraction, for the subsequent enlargement of the incision may often become hurtful to the eye. During the finishing of the incision, great care must be taken not to wound the iris; the handle of the knife must, at the same time, be pressed more backward to the temple, and also downward; the further the point projects from the anterior chamber the better, in order to avoid wound in the internal canthus, when the point of the knife is passing out; and, lastly, the section must be finished very slowly, otherwise the lens, and with it a part of the vitreous humor, easily prolapse, because the eye reacts most strongly on the knife at this very moment, and is generally pressed upon it by its muscles. At the moment when the operator has finished the section, the assistant permits the upper eyelid to fall down, and the patient is to be allowed some seconds to recover from his fear.

Second Stage.—The assistant now raises the upper eyelid without allowing the points of the finger to project beyond its edge; the operator, with his fore-finger, draws down the lower eyelid, but does not draw it out from the eyeball; he rather presses it very softly by means of the interposed eyelid against the upper part of the eye, in order that he may the more quickly and readily introduce the sickle-shaped knife, or cataract needle, (fig. 11 and 12,) under the flap of the cornea as far as the pupil, and also that by this gentle pressure, and the consequent advancement of the cataract, the pupil may become perceptibly dilated, which will enable him the better to cut or tear the capsule of the cataract by means of incisions crossing each other, and which ought to be neither too deep nor superficial; then the knife is to be withdrawn from the eye.

Third Stage.—If the incision of the cornea has been made of sufficient size, and semi-circular, the cataract generally passes immediately through the pupil and out of the eye.

If, however, though the operation has been well performed, the cataract do not immediately pass out on account of the peculiar condition of the eye, the operator must direct that the eyeball be moved quickly upward several times, after which the cataract sometimes comes forth. During its passage through the cornea, he must aid it and support it by means of Daviel's scoop (see fig. 5) at its external and under edge, sometimes within, sometimes external to the cornea, according as it may be necessary, in order that none of the gelatinous surface of the cataract may be rubbed off. If, however, the cataract should not pass out, the operator must softly and gradually increase the pressure on the under part of the eyeball, by means of the finger placed on the under eyelid, until the cataract has entered the pupil by its greatest diameter, from which moment the pressure, though not actually to cease, must be gradually diminished until the lens has passed out completely. As soon as the cataract has passed out of the eye, and any remnants have been removed, the assistant allows the upper eyelid to fall, and the operator desires the patient to close both eyes softly.

Before applying the linen bandage, let great care be taken that the eye be not closed until the flap of the cornea lie smooth and not curled under, so as to have a gap and thus prevent the rapid union. A small strip of isinglass plaster, drawn from the forehead down to the cheek, and a linen compress, are all that is necessary as to dressing, after which the patient is placed in bed with the head elevated, and his chamber darkened. The hands are to be confined, or an assistant must watch the case while the patient sleeps, for fear of his touching his eyes. In two instances I have known this as the cause of failure in well-executed cases of extraction.

Union of the incision generally takes place in from thirty-six to forty-eight hours, but in some instances it will require from three to five days for perfect union to take place. As long as union has not taken place there is an

uneasy pricking in the eye from the discharge of the aqueous humour. The eye should not be opened before the sixth or even the seventh day.

But the bandage should not be changed until ten days, when a green shade may be substituted. The light should be gradually admitted, if there is no inflammation present. It is of importance, that if the operation is performed during cold weather, the temperature within his room should be that of mild summer weather, and there should be free ventilation.

The diet after the operation should consist only of soups, tea, milk, rice, etc., but not much animal food, until at least ten days have elapsed, and even then should only be given in smaller quantities than usual, unless in a feeble or old person, when but little change should be made from the ordinary mode of living, for fear of non-union.

A gentle laxative should be given on the fifth or sixth day after the operation to those using solid animal food.

Should inflammation come on, which cannot always be prevented, indicated by fever, pain, and chill, the patient if strong and healthy should be bled in the foot, according to Wenzel; other equally good authorities recommend bleeding from the arm. But, as a general rule, leeching or cupping, with the use of the foot bath, and the salts of morphia internally, are all that is necessary. If iritis should show itself it must be treated as above; but, in addition, the free use of solution of atropia and minute doses of some of the preparations of mercury are to be resorted to.

Secondary Capsular Cataracts.—Frequently after the most careful operation an opaque capsule is left obstructing the pupil. To remove this is a matter of much importance to the vision of the patient, and as a large opening would be very hazardous, owing to the risks from escape of the vitreous humor, a small opening must, therefore, be made in the cornea, of just sufficient size to allow the introduction of a pair of small canula forceps, such as I show you, and by laying hold of the capsule it can be at once extracted; if it is very adherent the instrument can be turned carefully on its axis till the membrane is detached.

My friend, Mr. Haynes Walton, has introduced a very delicate canula-forceps, (fig. 13,) which is not larger than a needle, so that the opening in the cornea is not required to be larger than just to allow for the escape of the piece of capsule to be removed. For the same purpose Mr. Bowman has suggested the use of two delicate needles. Two needles have also been suggested by Mr. Vos Solomon for the reclination of cataract, by passing one through the cornea and the other in the sclerotic, a few lines from the cornea.

Under the most favorable circumstances, the results of the operation of extraction of cataract with the formation of a large flap afforded, according to Von Græfe* *ten* favorable results in *twelve cases;* one of the two remaining cases resulting in but partial restoration of sight, and in the other suppuration of the eye was caused by non-union.

Von Græfe considers that the dangers of extraction are owing to the extensive flap of the cornea, on account of which comparatively little tissue is left for the supply of nourishment, which evil is further increased, and the mortification of the flap is favored by the contusion produced by the lens on its escape. The latter difficulty he states is obviated by the *linear* section; but this is only applicable in cases of soft cataract, as in hard ones the frequent introduction of the scoop causes dangerous irritation of the iris.

In order to render the *linear* section applicable to a greater number of cases Dr. Von Græfe has made the following modification: The linear incision is made in the sclerotic in such a manner that the inner corner occupies the border between the sclerotic and cornea; the *iris is then drawn out, and a portion of it snipped off, so as to form a broad coloboma.*

The second modification is to make an upward coloboma eight days before the division of the lens.

Linear Extraction.—This term has been applied to an operation which was first devised by Gibson in 1811, modified a few years later by Travers, and then laid aside, as the true principles which determine the absorption of the lens *in situ* became better understood. Gibson advised that soft cataracts should be freely broken up with a needle, and that after inflammation had subsided a small corneal incision should be made and the remains of the broken-up lens removed by a scoop. I consider that extraction is the very best operation in cases of hard cataract in the adult, and would advise a large corneal wound as yielding the very best results. I have no faith in the small corneal

* Allgem. Med. Cent. Zeit, xx, 1859.

wound, which, with so much manipulation with the curette, leads to irritation and inflammation, and terminates in a necessity for making an artificial pupil.

Complications.—The following cases, which have come under my observation, will exhibit some of the complications in the operation of extraction.

A. B., aged forty-five years, having suffered from cataract, was operated upon in one of our hospitals by extraction, and thence discharged in the usual time *well*. After being out of the hospital for a few weeks he caught cold, and now presents himself with *pus* in the anterior chamber, with imperfect vision; the *Iris* discolored; pain over the brow and side of the head. The treatment, for such a case, is a blister in front of the ear, with the following pill: pulv. hydr. chlor. mite with ext. colocynth. 1 gr. of each, 3 times a day, with foot bath; this to be continued; while, at the same time, a solution of atropia is dropped into the eye. If his strength is feeble he should have good diet and tonics. The cause of this whole difficulty was a want of care on the part of the patient. Indeed the surgeon should watch over the patient for some time, and caution should be given and the difficulties pointed out.

G. K., a female, aged 50 years, from Camden, N. J., with a glaucomatous cataract, to whom was given a grave prognosis by Dr. Littell and myself, having examined it together with the opthalmoscope; but she was resolved to have the operation performed. This was done on the 24th of June, 1858, by extraction by the upper section, with entire success, in the presence of Drs. Forbes and Foster.

The lens was very dark, almost black; but a small portion of vitreous humor was lost. She had taken, previous to the operation, a portion of solution of morphia, as employed at Wills' Hospital, and immediately after the operation vomiting set in, which continued, in spite of every means employed, for the whole day; she had also much pain, with more or less discharge of the vitreous humor, from the constant efforts to vomit. On the 24th the vomiting ceased but the pain continued; leeches were freely applied; purgatives and foot baths employed, etc. The weather now became intensely hot, and upon examining the eye, on the fifth day, no union had taken place. The treatment was then changed to a more stimulating diet and the application of solut. argent. nitrat., but it was not until the 16th of July that union had taken place by granulation. Unfortunately, being blind in the opposite eye with cataract, and being unwilling to have a nurse all the time with her, she accidentally run the handle of a fan in the eye and broke up the adhesions and evacuated the aqueous humor, so that it ultimately resulted in an entire loss of sight.

The following cases, given by Frederick Tyrrell, who was considered one of the most accomplished ophthalmic surgeons of his day, are of interest: "In an elderly female I had extracted the cataract and had exposed the eye afterwards so as to satisfy myself and the students that the pupil was clear and circular, and that the flap of the cornea was well adjusted; I had applied the bandages, and the patient had been raised from the recumbent posture, when the hæmorrhage was first observed; she lost several ounces of blood of a bright florid color. By keeping the patient erect, and constantly applying cold water, the bleeding, after some time, subsided; but suppuration afterwards occurred in the globe and it collapsed.

"In another case the bleeding commenced as soon as the lens was displaced, after extraction, and I was satisfied that the iris had not been injured. The case terminated as the former; the hæmorrhage continuing for two or three hours after the operation, during which time the globe became filled with blood, and suppuration subsequently ensued. I believe, in these cases, that the bleeding took place from the branch of the central artery of the retina, which supplies the posterior capsule of the lens."*

This subject of hæmorrhage into the eye, after extraction, has caused considerable diversity of opinion, and the following observations and case will be found interesting:

Mary H., aged 65, widow, applied at the Eye Dispensary,† Mecklenburgh street, affected with complete lenticular cataract of both eyes. As the retinæ were perfectly sound (how discovered?) and the patient's bodily health good, with the exception of slight rheumatic pains, it was determined to operate on the left eye by extraction. The lens, which was hard and of a light brownish color, was extracted without the slightest difficulty, and scarcely a particle of vitreous humor escaped during the operation. It appeared, however, that the friends of the patient had given her a draught of porter previous to the operation, without the surgeon's knowledge. About an hour after he had left her, nausea and vomiting set in; a considera-

* Tyrrell on the Eye. † Dublin Hospital Gazette, Nov. 15, 1859.

ble quantity of vitreous humor was evacuated, and when seen again, the flap of the cornea was protruding between the eyelids, and a portion of the bed-linen was saturated with blood, the space between the lips of the wound being filled by a mass of vitreous humor. Notwithstanding the application of cold lotions, cupping by means of Hurteloup's artificial leech, etc., the hæmorrhage continued for upwards of twenty-four hours, and the patient became so prostrated that extirpation of the eye was proposed as the only means of arresting the flow of blood. This, however, her friends would not hear of, and the application of cold lotions was continued, her strength being, at the same time, supported by strong beef tea, wine, etc. The hæmorrhage was eventually arrested by this treatment, but considerable inflammation of the eyeball followed. At the end of three weeks the patient had partially recovered her strength; the eyeball was, however, atrophied and vision completely destroyed. Rivaud-Landrau states that he only met with this accident four times in two thousand cases of extraction of cataract. In two of these cases, he attributes the hæmorrhage to the escape of a considerable portion of the vitreous humor during the operation; and, in the remaining two, it was caused by a blow on the eye twenty-four hours after the operation. What are the phenomena, he asks, which present themselves in the globe of the eye when a portion of the vitreous humor is evacuated? During this movement, the ocular muscles contract spasmodically, which produces minute shocks on the eyeball; the portion of vitreous humor which remains in the deeper part of the globe executes a forced movement forward, in order to fill up the vacuum. The vitreous humor, in being projected forward, is detached forcibly from the choroidea; and it is in this manner that the rupture of the minute sanguineous vessels which wind about the cells of the hyaloid membrane and radiate from the choroidea toward them is produced. Intra-ocular hæmorrhage is the immediate result of the rupture of the vessels during the detachment of the vitreous humor from the choroidea.

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Medical Statistics in Prussia.—The Elberfeld *Gazette* states that in Prussia, in a population of 17,739,913 souls, there are 358 district physicians; 4,327 having their grades; 996 surgeons, first class, and 643 second class; 1,026 veterinary surgeons; 1,529 apothecaries; and 11,411 midwives.

COMMUNICATIONS.

On Disease as manifested Epidemically and Epizoötically in the United States during the Summer and Autumn of 1860.

By M. L. Knapp, M. D., Etc.

Why the relation between epidemics and epizoötics has not been studied with more attention is a matter of surprise. From the earliest ages of the world down to the present period, coincidence in the occurrence of epidemics and epizoötics has been observed, but I think it may be set down for truth that no sound philosophical deductions have been drawn from the facts. Why is this so?

The facts have been so numerous that it would seem but reasonable to claim from them some deductions available to science, and certainly there must be some great stumbling-block in the way, or this result would have been achieved. What is this obstacle? Ignorance of the nature of disease. The profession have imbibed the dogma that disease is plural, that there are hundreds of diseases of different essential natures, when there is not the shadow of a proof that there is any *essential* difference. The essential element of health is perfect nutrition. This is perfectly clear. The action manifested in man and animals in this state or condition does not constitute any part of the essential nature of health. The *opposite* of health is *disease*—the want of a perfect state of nutrition. This is just as clear. The action manifested constitutes no part of this negative. The action will be the best the crippled system can maintain, just as a lame man or cripple will get on with the best performance he can make; inasmuch as nature is always true, and never plays the "possum."

These propositions are as simple as setting the egg on end, and, if true, unfold the whole hidden mystery of disease. Disease is impaired nutrition, and is the same in man and animals, and, in truth, in plants also. Hence the coincidence of epidemics and epizoötics, and of blights in vegetation, which has been observed from time immemorial; but still, as before observed, no practical deductions have come from the observed facts.

Since arriving in New Orleans, I have suffered an attack of the dengue, or break-bone fever, or yellow fever junior, in my own person.

A nasty, stinking fever it is, too, very much like the measles, causing one to loathe himself.

It takes a universal hold, but certainly the mucous tissue is terribly invaded, and an eruption, with intolerable itching, appeared on the fourth day, when the fever began to decline. A diarrhœa set in on the sixth, which was no doubt the crisis. The fever and the indescribable pains abated, leaving such a state of prostration, want of appetite, irresolution, and despondency, as nobody need covet. The gums are red, puffy, and bleeding. Somnolency greatly prevailed. The pain of the head and back was precisely as in bilious fever, as if the head would split and the back would break. Here a muscle would be seized as with pincers of torture; and no rubbing, pressure, change of posture, or any dealings with the part seemed to afford any relief. Slowly the torture would abate to fasten itself upon another part, and go through the same exercise. Another set of pains were cutting, as if a razor were making a grand draw. Another set were piercing, as if small swords were being run through you. In addition to all these, and perhaps the gravest pains of all, were the overwhelming, aching pains of the viscera. Sometimes the liver, then the colon, either ascending or descending, then the bladder, rectum, and so on. Nor does this complete the list, for another set of pains were like lightning, no sooner felt than gone.

The precursory symptoms were, a slight coryza for two or three days, with a bad odor in the nose, which I can compare to nothing but a similar symptom I experienced in measles. The taste, also, was vitiated, and a slight headache present.

During the course of the fever the pulse ranged from 100 to 110; the secretions were locked; no thirst whatever; no appetite; copious vomiting of watery fluids on the second day. Warm pediluvia, sitz-baths, and general baths; small doses of morphine and quinine; and a liberal use of lemonade, constituted the treatment.

This fever is said to owe its name to El Señor Dengue, of Vera Cruz, the first on the list of victims.

It has been showered like hail on the citizens of New Orleans and all the other towns and cities in the South, this season. It is held to be the same thing as yellow fever, precisely; but of so mild a type as not to be dangerous. Nobody dies of it, except through a relapse from carelessness.

With this epidemic manifestation of disease, there has been also a wide-spread epizoötical manifestation throughout this lower country, this season, in the form of what is here popularly called the "*charbon*," or black spot. The animals are attacked with a general fever, and soon black spots appear on the surface, and death speedily ensues,—as purpuric or scorbutic a manifestation of disease, as need be. I visited the plantation of my relative, Dr. F. H. Knapp, immediately on my arrival here, and found he had lost some 80 sheep, a dozen mules, and quite a number of horned cattle, all from this spotted fever. Many other plantations have suffered similarly, and perhaps to a much greater extent, The stock here all look like Pharaoh's lean kine. And how can they look differently, when all the grass has been burnt up by a scorching drought?

Under the broad philosophic view, then, that all disease is impaired nutrition, this coincidence of sickness in men and animals is quite intelligible; there is no longer any hidden mystery about it.

"*Mortality of Cattle on the Plains.*—The Rocky Mountain *News* of Sept. 24, says:

"From the plains we hear of a terrible destruction of cattle, belonging to the freight trains *en route* for this city. Their death is sudden, and the best cattle in the herds are usually the first victims. The disease of which they die has been variously pronounced murrain, distemper, and alkali. From what we can learn, the latter is doubtless the cause. The season is now very dry, the Platte river low, and the water, in consequence, along its course through the alkali plains, more than usually impregnated with the poison; but it is doubtless more attributable to the dust than anything else.

"The roads are exceedingly dusty, and a moving train is constantly enveloped in its clouds. Cattle inhale it at every breath, and eat it with every mouthful of grass they take. The grass is said to be thickly covered with it for three miles from the road. By this means, enough alkali is at length introduced into the system to produce death, and the finest, largest, and fattest oxen are the first to fall victims, while the scrub will stand it for an indefinite length of time. Some trains have been obliged to purchase cattle to fill up their teams, and many have been seriously delayed by their losses.

"One day, recently, a gentleman, who came up from St. Vrain, forty-two miles below, counted, near the road, over fifty carcasses of oxen that had died within a few hours. Some train masters have tried lard as an antidote to the disease, with good success. It should be given freely, and as soon as possible after the

animal is found to be sick. A good rain would doubtless put a stop to the present bovine mortality; but as long as the weather continues so dry it will doubtless increase."

Black-Tongue in Cattle.—The Memphis weekly *Argus*, of October 6, learns that the black-tongue is prevailing among the cattle in Pike county, Indiana, and that it is feared the disease will kill a large number of stock:—

"The *Anderson Central Texan* says that, in the upper portions of Grimes county, cattle are actually dying of starvation, something never before known."

So it appears that coextension, with the causes that blight and abridge the food of man and animals, will be the manifestations of disease; and, furthermore, the nutrition of man and animals is wonderfully impaired also by long-continued high, solar heat.

The present summer has been one of uncommon heat and drought, burning out every thing in the form of verdure, and hence the epidemic and epizoötic prevalence of disease. Let several successive years of blight occur, and the gravest forms of disease will be manifested among men and animals, and even the fishes will fall victims to the barrenness of the earth; for fishes are as much sustained by vegetation as land animals. The little fishes that run up the rivers and eat the flies, worms, and grasshoppers, that are but vegetable emulsions, are in turn devoured by the big fishes, and every freshet wafts oceans of vegetable matter to the sea. Many fishes live by suction of this vegetable slime.

This fact, then, of fishes dying of epidemic disease does not demonstrate, as Webster contends, that the *pestilential cause* is some electric principle, pervading the depths of the sea as well as the air, but it does demonstrate that it is a matter of food—the want of sustenance.

But I will draw to a close. Very many minds in the profession, I find, are with me in my new doctrines or ideas of disease; so many that I, by no means, despair of the final triumph of the principles I maintain. That reason and plain common sense will finally get possession of practical medicine there can be no doubt, and the hope of hastening this advent moves me to contribute these brief sketches. The idea is a novel one, but I think it philosophic, that all men and all animals die of starvation at last—that is the essential nature of all disease.

New Orleans, Nov. 9, 1860.

Case of Quadruple Birth.

By Washington L. Atlee, M.D.,
Of Philadelphia.

In the Medical and Surgical Reporter, November 10, 1860, there is a notice of a *quadruple birth* having been reported by Mr. Henry G. Times to the London Obstetrical Society. Allow me to add another instance of the kind by detailing the following case:—

"February 2, 1852, I was requested to visit Mrs. G. B., of West Philadelphia. She is a short and rather stout-built woman, the mother of seven children, all single births, and is now the eighth time pregnant. The last catamenial flow occurred July 23, 1851."

I was sent for to-day in consequence of several urgent symptoms requiring attention. Her breathing was greatly oppressed; her face suffused, œdematous, and bluish; all the extremities, particularly the lower, swelled to the utmost extent, and the abdomen very large, wide, and protuberant. The patient looked almost as thick as she was long. There was evident fluctuation over the whole region of the abdomen, and the ear could detect no distinct pulsation of a fœtal heart. The vulva was greatly tumefied, the os tincæ was spongy, and the cervix expanded. Ballottement was plainly perceptible; the diagnosis was pregnancy and ascites. Treatment relieved, to a certain extent, the difficulty of respiration and the anasarca, but had no effect upon the abdominal enlargement.

Feb. 18th, 3 o'clock, P. M. I was summoned to see Mrs. B. in labor, the messenger stating that the waters had broken. On my arrival, I found a living male child born, the placenta being undelivered. There still remained immense enlargement of the abdomen and distinct fluctuation. On seizing the umbilical cord and carrying my finger along it, I found the pelvis empty, the cord passing high into the uterus and the placenta beyond reach. The uterine pains having ceased, I waited for their return until 5 o'clock, P. M., and, finding that the uterus had no tendency to contract, I administered ergot, which soon excited the action of the uterus, and caused a large purse of membranes to come down within reach of the finger. The membranes were unusually strong, and were ruptured with the greatest difficulty. An immense gush of liquor amnii followed, and immediately afterward a living female child was

delivered. It was a head presentation, vertex under the pubis. So soon as this was disposed of, an examination of the abdomen assured me that this was not the last child, and, although there was still fluctuation present, I abandoned the idea of ascites. On introducing the index finger into the vagina, I could reach another purse of membranes rapidly descending, but the placenta could not be felt. The membranes were so strong that I could not perforate them with my finger, but had to use a pair of pointed scissors. Again a very copious discharge of water occurred, immediately followed by the delivery of a living male child. It was also a head presentation, face front, but changed so as to bring the vertex under the pubis. Not expecting that any "more of the same sort" were left, I proceeded to deliver the placenta. The placenta of the third child came away first, and was as perfectly distinct as in a case of single birth. Next a placenta, which belonged to the first *two* children, was discharged. From the circumstance of the placenta having come away so readily, I took it for granted that the labor had entirely terminated, and, upon laying my hand upon the abdomen, I was not impressed with the idea of the presence of another child. While, however, I was engaged in placing a binder around the patient, she was seized with severe and rapid pains, and soon she cried out that something was coming from her. Upon examination, I discovered that another child, with the membranes entire, had been expelled. I immediately tried to tear the membranes, but they were too strong, and I slit them open with the scissors, and exposed a living female child. The placenta came away without difficulty, and the uterus contracted well. The loss of blood was trifling.

The first child, a boy, was born at 3 P. M.; the second child, a girl, was born at 5½ P. M.; the third, a boy, at 5 h. 40 m. P. M.; and the fourth, a girl, 5 h. 50 m. P. M.—the last three children in twenty minutes. All the children were living, and large and active for the period of gestation.

With proper care, I think all these children could have been raised. But the day and room being cold, and the parents poor, and no provision having been made for more than one child, they were all greatly exposed, and all died. The third child, a boy, died at 3 A. M. of the 19th; the first child, a boy, died at 5 P. M. of the 19th; the second child, a girl, died at 4 A. M. of the 20th; and the fourth child, a girl, died at 7 A. M. of the 20th.

The mother bore the parturition well, and had an excellent recovery. Two years afterward she became pregnant again, and was delivered at full time of a single healthy child.

There was a peculiar formation of the placenta common to the first two children. There were not, as is usual in plural gestation, two distinct placentæ joined together at their edge; there was, however, a separate funis, a distinct set of fœtal membranes, and a distinct quantity of liquor amnii for each child. There was but one large placenta, with both sets of membranes arising from its disk, one within the other, so that the membranes of the first child must have entirely surrounded the distended membranes of the second child. When the face of the placenta was examined, and the respective membranes raised, they represented two cylinders, one within the other, the attachment of the one being at the periphery of the placenta, and the attachment of the other forming a circle some distance within the former, so that a diagram of two concentric rings would be an accurate representation of their arrangement.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. Gerhard.

THREE CASES OF DISEASE OF THE HEART;—ENDOCARDITIS DURING THE CONVALESCENCE FROM TYPHOID FEVER.

This patient, a man about 27 years of age, is convalescent from typhoid fever; since about a week he has been allowed to sit up for several hours a day.

His respiration at present is more frequent than natural. No disease of the lungs can be detected. On examining his *heart*, however, a strong impulse is found, and there is a decided bellows sound. The patient is suffering from endocarditis.

Endocarditis is one of the most common disorders; much more frequent, indeed, than is often thought, and very rarely, considering the whole number of cases, proves fatal. It occurs very often secondarily in acute rheumatism, pneumonia, and at the end or during the convalescense of typhoid fever.

Treatment.—Mild, nutritious diet. Ten drops of digitalis, twice or three times a day, not to be continued, however, longer than three or four days, and the effect of the remedy to be

carefully watched. The muriated tincture, or some other preparation of iron, may be given with advantage, on account of the enfeebled condition of the patient.

VALVULAR DISEASE.

The second patient is a woman, 25 years of age, who is laboring at present under considerable disorder of the respiration, and violent palpitation of the heart. In the examination of the heart, it is well to bear in mind several facts, which will facilitate a diagnosis. In the first place, diseases of the heart occur with so much more frequency in the left side of the heart, that we might say the proportion is almost as ninety-nine out of a hundred. In the second place, of the structures becoming involved in the left side of the heart, during, or in consequence of, an ordinary attack of endocarditis, both the mitral and the semilunar valves of the aorta may be affected, but disease of the former is much more frequent. The valves become thickened and contracted or shrunken, obstructing by their thickened and roughened condition the current of the blood, and allowing regurgitation in consequence of insufficient closure.

Increased impulsion of the heart may be owing to either functional or organic disease of the organ. In the former the impulse is limited more to the apex, and is of a quick, short, jerky character, while the increased impulsion of organic disease concerns the mass of the heart; the impulse is felt over a larger surface, and is more of a slow, rolling, spiral nature.

In cases of heart disease of long standing, where we have much prostration, and the circulation is considerably interfered with, there is often a *concealed* or *masked* cardiac sound, in consequence of enfeebled and irregular action of the heart.

On percussion, we find increased dullness, both as regards intensity and extent, over the cardiac region. The apex beat is lower down than natural. On auscultation there is a strong, loud, double bellows sound. These signs, together with the other symptoms, such as the severe attacks of dyspnœa, from which the patient suffers, show that the patient is affected with thickening and other disease of the mitral and semilunar valves, and a moderate hypertrophy of the organ.

DISEASE OF MITRAL VALVES—RHEUMATISM.

The third case, occurring in a man about thirty-five years of age, is still more marked. There is great dyspnœa; his limbs are œdematous. He is suffering from hypertrophy or cirrhosis of the liver.

The dullness over the cardiac region, as in the former case, extends over a larger space, than normal. There is a strong, rolling impulsion, and on auscultation, a rough, rasping sound is heard, while the second sound is almost cut off and very feeble. There is thickening of the mitral and semilunar valves.

The patient states that up to two months ago he was in perfect good health, with the exception of rheumatic pain in the shoulder and elbow; but he had no fever. The difficulty of respiration came on four weeks ago.

Treatment.—Let the patient take 2 grains of pulv. scillæ with 1 grain of pulv. digitalis, three times a day; at the same time a tonic, such as the compound tincture of gentian. The patient is somewhat costive, and it may be well to give him cremor tart. with juniper berries. This will probably keep his bowels soluble, and, at the same time, by acting upon the kidneys, tend to remove the œdema. Keep up the patient's strength by good, nourishing diet.

PHILADELPHIA HOSPITAL.

SURGICAL WARDS.

Service of Dr. D. Hayes Agnew.

Reported by N. G. Blalock, of N. C.

SYPHILIS.

Dr. Agnew, after speaking at some length upon the confused ideas, entertained even within a short period, in regard to the disease under consideration, stated that John Hunter laid the foundation for a correct comprehension of the subject; that from this arose the superstructure of Bell, Hernandez, and others, and that in 1831 the capstone was laid by the great Ricord. In reference to its origin, much had been written. America, so remarkable for her prodigies of progress and power, had received the high distinction of having given birth to this child of Venus, and of having transferred it by the sailors from St. Domingo in the fifteenth century. Its antiquity, however, was much greater; no one knew from whence it came. The writings of the old scriptures contained allusions to diseases which might admit of a syphilitic interpretation; so also the works of Hippocrates, Galen, Celsus. The Arabians, Greeks, and Romans made mention of affections involving the genital organs, which we may very naturally conclude were of this nature. The type of syphilis is the *chancre*, the conditions for the development of which are:

First, Contact.—The virus must be brought in communication with living textures.

Second, Abrasion of the Cuticle.—The latter would explain the delay often noticed between exposure and the appearance of the sore, or those otherwise anomalous instances in which one person is said to have contracted disease from another not yet affected.

Third.—The subject must belong to the human species. The disease is peculiar to man.

Even in those animals most nearly approaching man, as the higher apes, experiment had failed to produce the characteristic sore.

Mode of Formation.—Does the infecting agent first taken into the system, and often being diffused through the fluids thereof, secondarily appear as a local sore? Or does the matter first develop the sore and afterwards the system become liable to be involved? If the former doctrine, which has been maintained, be true, then it is difficult to conceive of a more hopeless calamity befalling an individual; but if the latter, which I confidently believe, then there is ground for encouragement and hope. After a time, more or less prolonged, when a person has been exposed to the virus, a slight itching, perhaps, will be experienced on some part of the penis, followed by circumscribed redness. The spot swells into a *papule*; a little later the cuticle is elevated into a *vesicle* containing serum; still later, the contents become more opaque and purulent, forming a *pustule*, which is umbilicated in the centre, like that of variola. The scab now dries, and when detached, exhibits an ulcer. Should the infecting agent find the conditions present for its immediate action, the process described will cover 5 or 6 days.

Varieties.—A considerable number have been given by authors. In a practical point of view, I think all may be included under *three* heads: the *soft*, or non-indurated; the *hard*, or indurated; and the *phagedenic*, the first and last not so liable to be followed by constitutional phenomena. The second, having a firm layer of exudation around and beneath, is, by universal consent, regarded as most mischievous in its tendencies. Cases in great numbers were presented to illustrate these different varieties.

Properties.—The chancre is a specific ulcer, capable of reproducing itself by inoculation, no one being exempt from or proof against its action; having a tendency to produce a *diathesis*, which most probably no human agency can ever eradicate, and is transmissible by heredity. In what the contagious element consists we cannot say. Certainly the naked eye cannot discover a difference between the pus of chancre and that from a benign sore; no chemical reagent will better inform us, and, lastly, the microscope communicates nothing more definite. The matter from this sore is, therefore, both *purulent* and virulent or *contagious*.

Position.—It may be upon the prepuce, at the cutaneo-mucous line, frænum, corona glandis, urethra, anus, nose, lips, tongue, or in the female on any part of the external genitalia, vagina, or uterus. The most dangerous seat in the male is probably the frænum, from the lymphatic concentration at that point. When it is seated beneath the prepuce, the latter being in a condition of phymosis, it is termed a *concealed* chancre.

Treatment.—Chancre is local. The system may be regarded as enjoying an immunity from infection until at least the fifth day; it may of course be much longer, but we only specify the earliest date. Destroy, therefore, specificity at once. The methods for doing this are by *excision* and *cauterization*. The first may be practical when it is on the prepuce and associated with phymosis, for then both are cured. On other localities, cauterization is the most appropriate treatment. For this purpose employ caustic potash, the Vienna paste, nitric acid, or sulphuric acid and pulverized carbon; any one of them will answer well. In their application the surrounding parts should be protected by adhesive plaster, and always be sure to go beyond the diseased point in their use. After this, the warm water dressing may be used to favor the separation of the slough, which once detached, you have only a simple ulcer, to be managed on the general principles applicable to this class. If irritable, apply a little lint, saturated with aromatic wine; if indolent, stimulate with sulp. cupri or nitrate of silver, &c. The phagedenic chancre requires some additional remarks. The constitution is largely concerned in its production. Along with the sore, which possesses irregular edges, shelving over, rapidly invading the surrounding parts in destructive ulceration, involving the subcutaneous or sub-mucous tissues, according to locality, with intolerable pain and burning, there is fever, dry skin, thirst, great heat of surface, sleeplessness, and often exhausting diarrhœa from ulceration of the colon and other parts of the large intestine. While it is important to make a free application of potential caustics to the chancre, warm water dressings and disinfecting washes, as creosote, or some of the chlorinated preparations should be used. Remedies must likewise be directed to the general system—sponging the surface, to allay heat, the neutral mixture, a nutritious diet, quinine and iron, and full doses of opiates to secure rest.

The *concealed chancre* can be reached by injections of the argent. nitras under the prepuce, the strength of which may be from 20 to 60 grs. of the salt to an ounce of water. If in the urethra, it may be detected by separating the lips of the urinary meatus, and a direct application of caustic made.

Bubo, defined enlargement of lymphatic glands, may be *inflammatory*, *sympathetic*, or *virulent*. It is more common in men than women, very often on the same side as the sore. If following a non-indurated chancre, it is not so likely to be followed by constitutional disease; it attacks a single gland, tends to suppuration, pus from which is inoculable. If following an indurated chancre, it generally involves a whole cluster of glands, does not tend to suppurate rapidly, is not very painful, elastic to the touch, pus said not to be inoculable, and the system most probably will be affected.

Treatment of Bubo.—As bubo follows in the train of chancre, the two standing in the relation of cause and effect, the sooner the first is

destroyed the better, as the last may thereby be prevented.

If the bubo succeeds a soft chancre, produced by the virus being transported along the lymphatics to the gland, the tendency is to rapid suppuration. The pus in this case is inoculable; it is really a glandular chancre, and should be treated as a chancre any where else, by sloughing out the whole mass with the caustic potassa, and afterwards treating as an ordinary ulcer. These buboes are said never to be followed by constitutional symptoms.

The bubo occurring after an indurated chancre will be found a much more serious affair. The constitution will most probably have been invaded. The local management of such will consist in the use of mercurial ointment or iodine ointment, conjoined with pressure, or blisters, or scarifications. If the bubo is not of a specific character, all that is necessary is to confine the patient to bed; if much tenderness and heat, a few leeches should be applied and the parts kept covered with lint, saturated with lead water and laudanum, attention being given, at the same time, to the state of the bowels.

Out of the subject of the syphilitic *diathesis* a grave question arises, involving the propriety of one of the most sacred contracts in social life. If it be true that constitutional syphilis cannot be eradicated, and is transmissible by heredity, it is tantamount to a moral disqualification for the marital relation. No man has any right to transmit such a legacy to his posterity, or to inflict, through the embryo, such a curse upon a mother.

ANCHYLOSIS OF THE ELBOW-JOINT.

A man 30 years of age was presented with his right arm perfectly straight, and immovably fixed in that position. There was no flexion, pronation, or supination. Two years ago he fell when on shipboard, and, he says, luxated the elbow-joint. It was reduced at the time, the arm was left extended, pain and swelling ensued, and after some time he found it fixed in that position. The rationale of the condition could easily be given. The loss of movement did not result from the articulatory bones being out of their functional position, (to determine which the relation of the condyles of the humerus and olecranon process of the ulna were carefully pointed out,) but from bands of lymph within the joint, produced by the inflammatory exudation consequent upon the accident. It is probable that if a rigid antiphlogistic treatment had been instituted in the first instance, and passive motion practiced, the result would have been different.

The course to be pursued in this instance is to break up the intra-articular adhesions by force, place the arm at a right angle on a proper splint, combat the consequent inflammation, and practice judicious motion during the cure. Were the anchylosis one of true bone, of course such a procedure would not be proper. The patient was etherized, the arm forcibly bent, but not yielding to the required degree, a tenotome was introduced by the Doctor, and turned upon some resisting bands of the tendon of the *triceps* muscle, after which the arm was restored to its complete and natural movements.

MEDICAL WARDS.

TYPHOID FEVER.

Dr. Ludlow, after some general introductory remarks on typhoid fever, illustrated the subject by presenting the following case:

Joseph F., a native of Germany, single, aged 22, brewer by trade, was admitted into the medical wards last Monday.

He claims to have been a healthy, strong, sober man, free from all sickness until the beginning of October, when he began to feel a great deal of dizziness, while walking; had alternate flashes of heat and chilliness, griping pains in the bowels, and general languor. During these prodromic symptoms he was temporarily groom in the stables of one of the West Philadelphia Railway Companies, but was at last (about five or six weeks ago) compelled to give up working, and call a physician. For the last four weeks, he asserts to have been confined to his bed, without experiencing any relief, in spite of all the efforts of his physician, until he was admitted into the hospital.

When we first saw him, he complained of great "lightness" in the head, alternate flashes of heat and chilliness, heaviness about the abdomen, some tendency to diarrhœa, want of appetite, and considerable thirst. Besides these symptoms, we notice dullness of intellect, tympanitic abdomen, occasional epistaxis and fever at night, accompanied with some delirium and restlessness. No marked change occurred in the patient until yesterday morning, when we noticed a decided dry tongue, pain in the right iliac region, and some rose-colored spots, or tachés rouges.

Treatment.—Cold to the head, fomentations to the abdomen, warm applications to the feet; liquor ammoniæ acetat. every two hours during the fever, and pills composed of small doses of blue mass, ipecacuanha, and opium. Yesterday morning we stopped the pills, and substituted a mixture of oil of turpentine and quinine. Nourishing diet, beef tea, mutton broth.

HEPATITIS.

The patient brought before the class, a man about thirty years of age, boatman, presents a deeply jaundiced appearance. It is very important, Dr. Ludlow remarked, always to bear in mind that jaundice is only a symptom

accompanying various pathological changes. It may accompany pressure upon the ductus coledochus by tumors of various kinds, inflammation of the gall bladder, simple hepatic congestion, as, for instance, in malarious disease, and morbid changes in the structure of the liver, inflammation, etc.

The patient before us has been but a moderate drinker; he has had rheumatism. His present difficulty commenced with severe headache, sickness of the stomach, with much vomiting; his bowels were irregular. He had, and has yet, considerable fever. There is excessive pain over the region of the liver, on pressure. Percussion shows the organ to project considerably from under the ribs, there being a dull, flat sound for a space of two inches below the margin of the ribs, on the right side.

The tongue is moist and smooth; papillæ disappeared. The liver still acts to a certain extent, as is shown by the stools still being somewhat colored.

On examining his urine by the nitric acid test, etc., the presence of bile in the urine is clearly ascertained. This affords a striking example of the vicarious office of the various organs of the body. The liver being unable to eliminate as it should, the elements of bile from the blood, they accumulate and give rise to the jaundiced appearance of the patient. At the same time, however, the kidneys, as far as their antomical and physiological relations allow, take up the function of the liver, eliminating a portion of the bile.

The acute symptoms in this case, the absence of any cachectic state of the system, the age of the patient, excluding cancerous disease, the severe local pain, the absence of any abdominal tumor, and the somewhat enlarged condition of the liver, at once characterize the case as one of hepatitis.

Treatment.—Cut cups freely over the region of the liver; citrate of potassa, ipecacuanha and opium internally, to act upon the skin and allay the excessive pain; the patient is to drink plenty of cold water and barley water.

UNIVERSITY OF PENNSYLVANIA

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

INTERCOSTAL RHEUMATISM.

A laboring man, about 40 years of age, was taken suddenly this morning, (Nov. 14th,) two hours ago, with pain in his right side—a sharp stitchy pain, obliging him to stop working.

At first thought the case might be considered one of pleurisy. The patient, however, has little or no cough, has had no chills or rigors or fever, and the physical signs reveal nothing abnormal whatever. It must be borne in mind, however, that, at the very first onset of pleurisy, the disease does not present abnormal signs of percussion or auscultation. Some authorities claim that a friction sound may be heard on inspiration and expiration, *before actual effusion has taken place*, simply in consequence of a roughened state of the pleura costalis and pulmonalis from *congestion*. Be this as it may, there is no trace of friction-sound in this case, as yet.

It is very important to distinguish between pleurisy and rheumatic affection of the intercostal muscles. In rheumatism there is pain on pressing upon the ribs or in the intercostal spaces, often excessive. Such is the case in this instance. The patient can move the arm and shoulder of the affected side with ease, and without causing pain. But on taking a deep inspiration, and on bending his thorax to the opposite side, the pain is very severe, the intercostal muscles being put on the stretch.

The absence of any chill, rigor, fever, or acceleration of the pulse, the negative results of physical exploration, together with the excessive local tenderness on the affected side, lead us to consider the case as one of intercostal rheumatism.

The patient is to take ten grains of Dover's powder, go to bed, and put on hot mush poultices over the painful side.

HYPERTROPHY OF THE HEART WITH VALVULAR DISEASE—ABUSE OF GYMNASTIC EXERCISE.

The patient, a lad, 20 years of age, complains of oppression of his chest and palpitation of the heart. He is engaged in a ware-room, but his occupation does not lead him to lift heavy weights.

He was taken sick eight months ago, chiefly with vomiting. This latter lasted some time, gradually, however, passing off, until about four months ago, when he first observed the palpitation of the heart, difficulty of breathing, which symptoms have since become more severe. The palpitation disturbs him some, before going to sleep; when going up stairs the shortness of breath becomes worse.

His pulse is not irregular, nor does his heart act with irregularity. There is, however, a well-marked bellows' murmur at the apex of the heart, together with much impulse, and a decided thrill about 1½ to 2 inches below the nipple.

The patient, though not very vigorous, is not at all anæmic, hence the bellows' murmur cannot be considered as that of anæmia, and there can, hence, be no doubt that he is suffering from cardiac hypertrophy, together with valvular disease.

It is difficult, in this case, to trace the affection back to rheumatism, which, in the great

majority of cases, is the cause of hypertrophy and valvular disease of the heart. The patient says he had no fever, nor swelling, nor pain in his joints.

We have asked him particularly about his occupation—whether it obliged him to lift heavy weights—because over-exertion, at this age, often gives rise to serious trouble. Young lads and men, of sedentary habits, often think to improve their health and strength by violent gymnastic exercise in the evening; nothing can be worse. Gymnastic exercise, thus abused, frequently lays the foundation to future disease of the heart, by taxing it unnaturally, and rendering it more liable to become affected by the rheumatic diathesis.

As far as treatment is concerned, it is chiefly limited to a judicious mode of living; no violent exertion. The patient should abstain from stimulants of any kind, while his food should be nutritious, but not irritating or stimulating. Internally we shall prescribe for him three drops of the tincture of digitalis with half a tea-spoonful of the fluid extract of wild cherry bark several times a day. This latter contains a considerable amount of hydrocyanic acid, which is a decided sedative. If by these means we can subdue the inordinate action of the heart, the difficulty may, at this age, be in a great measure remedied. It would, perhaps, also, be well to give him the benefit of the sedative action of belladonna, and for this purpose a belladonna plaster is to be put over the cardiac region.

LATENT TYPHOID FEVER.

A little girl, ten years of age, who, previously, has always enjoyed good health, was brought to the clinic by her mother. Since two weeks she has shown languor, torpor; every night there has been some fever and a diposition to "flightiness" or slight delirium. She has complained of some uneasiness in the abdomen and has had a slight diarrhœa—three or four times a day. There is some acceleration of the pulse. The physical examination yields no disease of the heart or lungs.

The case, probably, is one of the latent cases of typhoid fever, sometimes met with. This statement may surprise some, because we are generally apt to look upon typhoid fever as always accompanied with more or less violent symptoms—tympanitis, great prostration, diarrhœa, delirium, sordes, dry, furred tongue, epistaxis, etc.—yet we have walking cases of this disease by no means so very uncommon. The fact is, that typhoid fever occurs from the mildest shades up to the most severe form.

It is not to be thought, however, that the cases in which the symptoms are very manifest and severe, are at the same time the most dangerous, or *vice versa*. In these cases of latent typhoid fever, the ulceration in the small intestines is often extensive, and may lead to perforation and death from peritonitis, without having excited much attention; and as far as my experience is concerned, I have seen perforation more frequently in mild cases than in those where the symptoms were very violent.

With the strong suspicion, then, though we cannot be absolutely certain, that this case is one of the character described, the treatment and regimen should be very judicious. The diarrhœa is not sufficiently severe to demand special attention, and it would not be expedient to check it. Should it, however, become more troublesome, we may prescribe an enema of laudanum and starch-water at night. The patient is to receive no solid food; yet what she takes should be nourishing; beef-tea, mutton or chicken broth, etc., are proper articles of diet. We shall prescribe liquor ammonii acetatis, and order hot fomentations or cataplasms over the abdomen.

PHTHISIS—AFFECTION OF THE LARYNX—VALUE OF TOPICAL MEDICATION.

A lad, 18 years of age, evidently phthisical, who had been under observation at the clinic for some time, has, of late, been attacked with hoarseness of the voice, until, at present, there is almost complete aphonia. This case gave Prof. Pepper an opportunity to state his views in regard to topical applications to the larynx and trachea, or to the lungs in cases of laryngeal and pulmonary tuberculosis, as proposed by Dr. Horace Green, of New York. To reach the larynx and trachea with a probang, guarded as these tubes are, by the most sensitive entrance, is a matter of extreme difficulty, as acknowledged by all parties. In many cases, where physicians have imagined to have entered the larynx and trachea, the instrument has slipped into the œsophagus; this has undoubtedly happened to Dr. Green himself, and that gentleman acknowledges the great difficulty of the procedure, when he states that it often requires long training and experimenting before the parts can be brought into a condition to allow the introduction of the instrument.

It would be injurious to expose a patient in the condition, as in the present case, day after day, and week after week, to the harassing experiment of cauterizing his trachea, to produce a local effect, when the whole difficulty is constitutional. The same remarks apply to injection of solutions of nitrate of silver into the lungs, as proposed by Dr. Green. This plan of medication, even were it practicable, has nothing to commend itself when we take a rational view of the nature and course of the disease. Prof. Pepper's experience of this kind of topical medication does not lead him to look upon it with much favor.

More benefits can be derived from suitable inhalations. Here, without forcing and harassing the parts or the patients, substances can be directly applied to the whole respiratory tract.

TWO CASES OF CHRONIC BRONCHIAL AFFECTION.

The first patient is a little girl, seven years of age, who, according to the statement of her mother, has had a cough every winter, which has again come on since two weeks. The cough is more severe when she lies down, and at night.

On examining the patient's throat, we find that the uvula is somewhat enlarged, and the mucous follicles of the pharynx somewhat developed.

The chief trouble, however, is in the lungs. Auscultation over the right lung yields sonorous and sibilant râles from the point of the scapula down; there are more or less mucous râles in the left. There is no dullness on percussion, no prolonged expiration, nor indeed anything that would indicate tubercular disease.

The case, then, is one of ordinary bronchial affection, complicated, to a certain extent, with irritation of the throat. This latter, though not serious or dangerous, is often very annoying to the physician. There are some practitioners who cut off the uvula in all cases, where it is but moderately pendulous or enlarged. This is wrong. It should not be removed without urgent necessity; for though we do not exactly know what peculiar part the uvula plays in the formation or conformation of the voice, there can be no doubt that the fine tone of voice is lost, when it, or the tonsils are removed.

In the treatment of these throat affections, stimulating astringents are of great service. Pastilles or lozenges of tannin and alum, capsicum or cubebs are very beneficial. Nitrate of silver has been much abused. A highly inflammatory and irritative condition of the parts has been kept up by repeated applications of strong solutions, (20–30 grs. to ℥i of water,) when, as soon as they were stopped, the patient got well. If solutions of nitrate of silver are used, they need not be stronger than 5 grains to the ounce.

For the chronic bronchitis we shall give the following stimulating liniment:

℞. Ol. Terebinth. ℥ii.
Aceti, ℥i.
Aquæ, ℥i.
Add the white of two eggs.

This liniment may be used as a rubefacient; or, if a higher degree of cutaneous stimulation is required, may be put on the part by compresses. Internally, the following prescription:—

℞. Syrup. scillæ, ℥ss.
Syrup. ipecac., ℥ii.
Tinct. Opii camph. ℥ss.
Aquæ, ℥ii. M.

A teaspoonful to be taken three or four times a day.

The *second case* is one very similar. The patient a young girl, 10 years of age, has had catarrhal affection of her lungs every winter. She has had a cough now for two weeks—most severe at night. On physical examination, we find the same sonorous and sibilant râles in the right lung, as in the former case. The same treatment to be pursued.

These cases are interesting as types of a very numerous class of cases which constantly fall under the observation of the physician. Though, of itself, chronic bronchial catarrh is not a dangerous affection, yet, in patients of an hereditary or acquired scrofulous tendency, it is important to forestall the tendency to the return of these attacks. This is done by tonics, iron, quinine, cod-liver oil, fresh air, exercise. Parents are too apt to shut up these little patients in the nursery, where bad air, no ventilation, no exercise, of course, instead of removing the catarrh, only aggrevate it and finally lead to the development of tubercular disease.

STRICTURE OF THE ŒSOPHAGUS.

The patient, a German, 57 years of age, a box-maker by occupation, complains of great difficulty of swallowing. It came on him suddenly six weeks ago when swallowing a big piece of a dumpling, (Spatzen.) He has since lost color, strength, and flesh. According to his statement, he has previously enjoyed uninterrupted good health.

There was great pain and difficulty of deglutition immediately after swallowing the dumpling, but diminishing to a great extent, so that he was measurably comfortable. Subsequently, however, it increased again, and for some weeks so great has been the dysphagia and pain on deglutition that even fluids he can swallow only by drops. All the food which he now takes regurgitates and is rejected.

Now there is no doubt whatever that this patient is suffering from a stricture of the œsophagus. The question arises as to the nature of the stricture, whether it be simply a constriction of the tube, caused by thickening in consequence of chronic inflammation, such as is sometimes seen; or whether it is a scirrhous or carcinomatous tumor at the cardiac orifice. The age of the patient and his icterode, cachectic look are strongly presumptive of the latter.

Although the patient dates his disease from the time when he swallowed the dumpling, there is much reason to believe that there was pre-existing disease, in consequence of which the dumpling became impacted. The introduc-

tion of a probang will be the proper means to ascertain the existence, locality, and extent of the stricture. In cases of scirrhus at the cardiac orifice, you can occasionally feel a tumor at the region of the ensiform cartilage; such, however, is not the case here. If the constriction is merely mechanical and not cancerous, gradual dilatation of the stricture by proper instruments can be resorted to with benefit; but in malignant disease such treatment would be inadmissible, as the local irritation would only aggravate the difficulty.

In such cases the patient, being unable to swallow, the chief indication is to nourish the patient in some other way, else he will starve to death. It has been proposed to establish a gastric fistula, and thus introduce food, and several successful cases of the kind have been recorded. The operation, however, is in itself so hazardous that it cannot be resorted to as a general rule. Nutritious injections must be our great reliance.

Cases of stricture of the œsophagus are sometimes mistaken for other diseases. I have seen a case of aneurism, pressing upon the œsophagus, confounded with stricture of the œsophagus, and treated as such; and in another case a spinal abscess, constricting the tube, finally produced death by inanition, which might, perhaps, have been prevented had it been possible to make a diagnosis, and reach and evacuate the abscess by the bistoury. We shall send the patient to Prof. Smith, requesting him to examine the case.

RHEUMATIC AFFECTION OF THE SHOULDER.

A patient has lately presented herself at the clinic who, with tubercular phthisis, also had rheumatic affection of the shoulder. (See Reporter, Vol. V., p. —.)

We have here again a case of the latter affection in a woman, strong, robust, and otherwise of good health. She had had pain in her shoulder for eight or nine months. The muscles are atrophied; there is partial or false anchylosis from interarticular deposit and deposit around the ligaments and joints. On account of the wasting and dropping of the shoulder, a superficial observer might, as it has been done in such instances, mistake the case for dislocation. The patient has very little use of her arm, as the motion of the elbow and shoulder is almost null.

The treatment in this case must be chiefly mechanical and local. Passive motion, electricity, iodine ointment, and, internally, the remedies usually resorted to in chronic rheumatism, such as iodine, iodide of potassium, tincture of quaiacum, may prove beneficial.

DYSPEPSIA.

In cases of dyspepsia, Prof. Pepper is in the habit of using the following carminative mixture with benefit:—

℞.	Creosote,	gtt. x.	
	Sodæ carb.,	ʒii.	
	Tinct. zingiber.	ʒi.	
	Tinct. cardamom.	ʒi.	
	Sacchar. alb.,	ʒii.	
	Aquæ cinnamom.	ʒvi.	M.

Dose: a tablespoonful three or four times a day.

BELLEVUE HOSPITAL, NEW YORK.

ABSCESS OF THE BROAD LIGAMENT — SECONDARY SYMPTOMS.

Dr. Barker showed some interesting cases to his class, on Thursday, November 15, at Bellevue Hospital.

One was that of a woman who evidently had some lesion of the hip-joint. On making a vaginal examination for the first time, before the class, he found the uterus retroverted, and the right ovary prolapsed. On passing his finger into the rectum to replace the ovary, he detected a fluctuating tumor—an abscess of the right broad ligament. There was pain in the iliac fossa of the right side, and in the hip joint, increased by percussion on the sole of the foot, when the limb was straightened so as to transmit the impression to the acetabulum. There was also pain extending down the thigh. His diagnosis was, that the trouble in the hip-joint was secondary, the pus from the abscess on the broad ligament having burrowed down among the pelvic fasciæ, and formed a collection about the joint.

The treatment, he said, would be, inter alia, a puncture of the abscess in the broad ligament, through the vagina.

The complete history of the case was not at hand, but was promised for next week.

SUBMUCOUS FIBROUS TUMOR IN THE UTERUS—PERSISTENT MENORRHAGIA.

Another case was that of a woman who had persistent menorrhagia, induced by a submucous fibrous tumor in the cavity of the uterus. The organ was hypertrophied, and its cavity enlarged. The patient was pale and exsanguine, and all the usual measures for relief had failed. The most powerful astringents had been employed, and produced no beneficial effect whatever. The method of treatment would now be, he said, to pass an instrument into the uterine cavity, and make a free incision down upon and

into the tumor, thus relieving the congestion kept up by this morbid growth. This method he had found uniformly successful in such cases. He requested the class to watch the case, and note the result.

SYPHILITIC RUPIA.

Another was that of a woman with syphilitic rupia, which had appeared immediately after delivery. She was put upon constitutional treatment, the rupia was poulticed, mercurial ointment applied, and she was getting better. The child appeared healthy. Inunction with mercurial ointment every night was ordered for its groins, to guard against syphylitic symptoms, which might otherwise be expected to appear in a week or two.

CANCER OF THE PENIS—AMPUTATION BY THE ECRASEUR.

Dr. Gouley operated at Bellevue Hospital, last Saturday, for cancer of the penis, by means of the ecraseur. The cancer, which was a most formidable looking affair, involved the distal two-thirds of the organ, including the glans, and had been a source of great distress to the patient. After the passage of a catheter, which was permitted to remain, the urethra was completely divided above the diseased portion with the scalpel. The ecraseur was then applied, and the diseased mass slowly and gradually cut, or rather pinched, off. Notwithstanding the boasted advantage gained by the use of the ecraseur, in regard to hæmorrhage, considerable of it followed from the corpus cavernosum, and was only controlled, pressure, persulphate of iron, etc., having been applied in vain, by the actual cautery. It had been intended to reflect the mucous membrane of the urethra over the cut surface of the stump, but this was found impracticable. The stump left was not more than an inch in length. During the action of the ecraseur, the urethra of the stump was protected by the presence of a catheter. Dr. Gouley said he was dissatisfied with the action of the ecraseur, would not recommend its use, and if required to operate again would employ the old method.

MALIGNANT EPULIS.

The doctor afterward operated for malignant epulis, springing from the alveolar periosteum of the upper jaw. An incision was made through the upper lips, and several teeth drawn which had become loosened by the morbid growth, in order to facilitate the operation. The excrescence, which was soft, was torn away in fragments, and the periosteal covering of the alveolar surface scraped away.

SUBCLAVIAN ANEURISM—LIGATURE.

Dr. Parker operated at the New York Hospital, a few days ago, for subclavian aneurism. He tied the artery, after having delivered a lecture on aneurisms—their nature, etiology, diagnosis, and the various plans and operations suggested and resorted to for their cure.

I was unfortunately prevented from being present at the time of the operation. C.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

The society met in the theatre of the College of Physicians and Surgeons on the evening of Wednesday, November 14th—the President, Dr. Markoe, in the chair.

INTERESTING CASE OF PERICARDITIS—ABSCESS COMMUNICATING WITH THE PLEURA.

Dr. Alonzo Clark presented for inspection the heart of a man who had been one of his patients. It was large, had been the seat of extensive pericarditis, and was completely plastered over with lymph. About eight ounces of serous fluid had been found in the pericardial cavity. He presented it, not on account of any important peculiarity in the pathological condition of the organ, but in order, firstly, to illustrate the fact that pericardial inflammation is often overlooked, and give the reason; and, secondly, to relate the history of the case.

The patient, whose case was regarded as one of rheumatism, was admitted into Bellevue Hospital in September, with pain in the back and right side. In a few days he presented symptoms of fæcal accumulations, and measures for relief were taken accordingly. On October 1st, these symptoms, and those of rheumatism, had subsided in great measure, but he still complained of pain in the back, and in five or six days a swelling appeared in the right lumbar region, thought to be dependent upon the formation of an abscess. The treatment adopted was that calculated to bring it to a point externally. On the night of the 7th, the pain became more severe, and symptoms of dyspnœa supervened. On examination next day, the chest was found to be half full of fluid, and the tumor in the loin had entirely disappeared—the region being quite flat and no fluctuation existing. It was inferred that the pus from the abscess (which had been, probably, one of the muscular tissue) had made its way through the intercostal spaces into the pleural cavity—thus accounting for the accumulation of fluid in the chest and the disappearance of the lumbar tumor. The constitutional symp-

toms became threatening, the dyspnœa very great, and the countenance dusky; the pulse ran up to 164, became small and weak, and life was evidently threatened. It was thought best not to make an opening where the tumor had been, just then, but to be ready to do so at a favorable juncture; as, for instance, upon the reappearance of the tumor, which it was hoped would soon occur.

The patient suffered less next day; the physical symptoms remaining the same; the next day, again, still less. He went on improving day by day, the pulse falling and becoming natural, until, in about fourteen days, the tumor reappeared in the loins. Dr. Wood was consulted and requested to open it. It was concluded to delay the operation till the next day, in order that the class of students might witness it. It happened that, on that day, Dr. Wood was compelled to be absent, and a delay of another day resulted. Dr. Stephen Smith then punctured the tumor, and allowed about three gills of pus to escape. It was then closed with adhesive straps, the intention being to draw off more the next day. No subsidence of the fluid in the pleural cavity was recognized. A considerable quantity of pus escaped spontaneously during the night, and next day the subsidence of fluid in the chest was very appreciable.

Not so much relief followed as had been anticipated, but still the patient remained comfortable for four or five days, when, upon a visit at mid-day, he was found in a state of collapse, with a great deal of pain in the right side. Upon placing the ear down on the left side of the chest, deep, metallic, hollow respiration was very marked. For the moment, perforation in the left side was suspected; but, on further examination, it was found to exist on the side which had been diseased all along, and that the sound which was heard on the left side was a transmitted one. Death occurred in a few hours after.

Upon post-mortem examination, a purulent accumulation was found in the right pleural cavity. On opening the abscess, four or five sinuses were found running in as many different directions; and one of these was found by probing, as was anticipated, to lead upward and into the pleural cavity. The pus had burrowed upward through the tenth intercostal space and underneath the attachment of the diaphragm.

Dr. Clark remarked upon the singularity of an abscess on the loin opening and discharging into the pleural cavity, and then reappearing. The pericarditis, he said, had not been recognized, although some new lesion had evidently supervened some hours before death, because the ear over the cardiac region had been occupied by the respiratory sound described. No further exploration had been resorted to, because sufficient explanation for the bad symptoms had been already made out. In his opinion, pericarditis was frequently overlooked when formidable disease beside had been already recognized, which was sufficient to account for all the untoward symptoms.

FATTY LIVER—DISEASE AND PERFORATION OF THE AORTIC VALVES.

Dr. Clark also presented the heart of a man who had had rheumatism more than once—a stage driver and a free drinker. He had suffered from no particular ailment until about two years before entering the hospital. While walking in the street after drinking pretty freely, he thought he was surrounded by cats, and, upon picking up a stone to throw at them, suddenly fell insensible—probably delirium with an epileptic convulsion. He had slight dropsy, which was removed by treatment, and he then left the hospital. His health after this was not good. He came back to the hospital a short time ago with symptoms of rheumatism and a slight yellow tinge of the skin. He went out again, but soon returned with well-marked jaundice, the liver being very much enlarged and smooth to the feel. Fatty degenerescence of this organ was diagnosed; a murmur was heard over the middle region of the left heart, most distinct during and after the second sound. It was regarded as the result of insufficiency of the aortic valves and regurgitation.

The patient died prostrated, with great muscular and, finally, cerebral weakness, but no particular pain. His system was evidently poisoned with bile, his urine was saffron colored, and marked symptoms of cerebral derangement were present toward the last.

On post-mortem examination the liver was found abnormal, but with the fatty degeneration not complete. There were marks about it indicating that cirrhosis would also soon have supervened. The valves of the aorta were found quite insufficient and thickened. There was a large perforation in the cup of one of them permitting the passage of the forefinger; and on the under surface, surrounding the slit, large warty vegetations were found, evidently not of recent growth.

The doctor remarked, it was a great wonder the patient, under these circumstances, was able to go about, work, and excite his heart by alcohol for so long a time. The convulsions were probably resulting from these cardiac lesions. If not, no cause for them was obvious. The coronary arteries were found more or less atheromatous. At the junction of the left auricle with the left ventricle, there existed a small collection of pus—twenty or thirty drops. Origin not known. No pus was detected anywhere else.

A member stated that a case had come under his observation in Brooklyn, which, upon autopsy, presented features almost identical with those of the first case related by Dr. Clark. The abscess, however, in the case he referred

to, opened into the lung, instead of the pleural cavity.

FRACTURE OF THE FEMUR—SPECIMENS.

Dr. James R. Wood next presented a thigh-bone of a man in which union had taken place after fracture. The circumstances of the case were as follows:—The patient, a man, 66 years old, was admitted into Bellevue Hospital on the 11th of Sept., with oblique fracture of the femur, immediately below the trochanter major. After a few days, symptoms of restlessness and insanity presented themselves, and it became necessary to confine him in a straight jacket. He was constantly interfering with the apparatus for treatment, and from time to time succeeded in loosening it. The apparatus employed was a modification of Dessault's, in which counter-extension was made from the back by means of adhesive straps, and extension from the foot, by the same means. He was allowed a generous diet, with alcoholic drinks, but grew worse until Nov. 6th, when he died of arachnitis.

He exhibited the specimen to illustrate how beautifully nature sometimes accomplishes her work, even under very adverse circumstances. The union was firmer than usual, and there was not the slightest displacement or shortening. A great deal of periosteal action was induced by the restlessness of the patient, resulting in an unusually large formation of callus.

He remarked upon the superiority of the modern appliances in such cases to the old ones. Now, we need have no shortening whatever; formerly, it was considered a good cure, if there was no more than half an inch shortening.

TYPHOID FEVER, MILIARY TUBERCLES—EFFUSION IN THE CHEST.

Dr. Wood next related the case of a man who entered the hospital on the 15th Sept., having been ill with typhoid fever for a week previously. After he had been sick about a fortnight, dullness was found existing from the clavicle to the third rib in the left side, owing to far advanced tuberculosis of the apex of the lung of that side. The typhoid symptoms began to subside, and the patient appeared to be doing well. Intercurrent pneumonia, however, supervened in the tuberculized lung, and, in a few days, effusion took place to a great extent in the pleural cavity. A puncture was made between the seventh and eighth ribs, followed by a large discharge of serum. This somewhat relieved the patient, but he did not do so well as he appeared to be doing before the supervention of the pneumonia. He sank, and died on Nov. 6th, having had diarrhœa for the last few days.

The left lung was found infiltrated with miliary tubercle, and there were found traces of extensive pleuritic and enteric inflammation. The regular, pathognomonic, typhoid ulceration of Peyer's patches existed.

He observed that typhoid fever was prevailing to a considerable extent in New York city and hospitals, and that the cases all presented the classic appearance of the intestines.

WHITE SWELLING—RESECTION OF THE CONDYLES.

Dr. Wood also exhibited the condyles of the femur and head of the tibia of a case in which he had performed resection for white swelling—the fungus articuli of Sir Benj. Brodie. The operation was a perfect success; the woman now going about without crutch or staff.

Also, a specimen from a similar operation, presenting not only the fungus articuli of Brodie, but also ulceration of the cartilages, incrustation, and necrosis of the bones.

In answer to a question from Prof. Metcalfe, he stated that the case was doing very well.

(*To be continued.*)

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D., Albany.

The Annual Meeting of the Society was held in the City Hall, Albany, on Tuesday afternoon, November 13th. The attendance was large, nearly every active member of the profession being present, and the few who were absent were detained by professional engagements. The medical class from the college was also present.

HYDROPHOBIA.

The President, Dr. William F. Carter, embodied in the annual address an account of two cases of hydrophobia, which had come under his own observation. The first case was in December, 1845; the patient, a lad of thirteen years, who had been bitten by a dog just four weeks previously. The dog at the time was sick, as it was thought, from poison, but died two days afterwards from hydrophobia. The dog bit several pigs which sickened in six or seven days, and died two or three days later. The symptoms, evinced by the pigs, were novel. They stood with their noses raised in the air, but jumped and squealed when noise or motion came near them, and kept on their feet until a short time before death. Another pig took the disease from the bite of one of its kin.

The boy was bitten on the face and lip. He

had a chill and fever, and pain in the wound, about his teeth and jaws, with shooting pains about his neck; his pulse and respiration were rapid. He walked constantly about the house, and was frightened at any noise. When approached he had a feeling of suffocation, and the same sensation was produced by sudden motion, as the opening of a door or by moving a chair. Delirium ensued on the fourth day. He could swallow liquids, but had no appetite. On the eighth and last day he had frothing at the mouth, and a secretion of tough, stringy mucus. Percussion gave a clear sound, but the respiratory murmur was feeble, and could not be heard for the last two days of his life. He slept but little, and did not lie down until three hours before death.

The second case occurred in February, 1857. The patient was a tall, slender man, twenty-eight years old, of nervous temperament, and regular habits. He was taken suddenly ill with faintness, anxious pale face, cold surface, respiration regular, but with occasional sighs, a clear sound on percussion, and only feeble respiratory murmur. After sleeping he had a sense of suffocation, and a spasm in an effort to swallow fluids. There was no evidence of external injury, and only the symptoms by which to diagnose a case of hydrophobia. It was at length revealed that upon leaving the cars four months before this time, he had been bitten by a cat, which jumped from the train. The cat was found dead at a little distance from the place the next day. The bitten thumb was never sore, and the patient never knew that his sickness was occasioned by the bite. The patient experienced the most distressing feeling of suffocation, standing in the door and gasping for breath. He talked freely, and the suffocation was not increased by the number of persons in the room. He kept on his feet until shortly before death, when he experienced a severe convulsion.

PECULIAR PULMONARY AFFECTION.

Two cases of peculiar affection of the lungs have come under the Doctor's observation, strongly resembling, in some of their symptoms, the cases of hydrophobia just detailed. One of them occurred in a girl of eighteen, pale, slender, and of consumptive habit. She had a soft pulse, of ninety per minute, with a dry, not warm surface. Respiration regular, but not free. *Percussion* gave a clear sound, but the respiratory murmur was almost inaudible. She did not appear very sick until two days later, when the murmur could no longer be heard. She died in sixty hours.

The Doctor infers that in all these cases the disease was located near the origin of the respiratory nerves, acting directly, by producing a paralysis, more or less complete, of their terminal branches in the air cells; there being no dullness upon percussion, no bronchial respiration, no mucous râle, no respiratory murmur. The air, consequently, is not admitted into the cells, the blood is not changed, and death by asphyxia is more or less rapid. There was in none of these cases the least struggle for air to satisfy the demands of the internal organs, and in the hydrophobia the attacks of suffocation were produced by external impressions, such as a noise, or sudden motion; and when perfectly quiet, the respiration, though feeble, was without effort; a condition very opposite to that existing in croup. If his theory is correct, then Woorara cannot be, as has been highly recommended, the proper remedy in hydrophobia.

TETANUS.

Dr. A. H. Hoff gave an account of tetanus that occurred at the Albany City Hospital, in the practice of Dr. March. The first symptoms of tetanus occurred on the seventh day after admission, the patient having received a gun-shot wound on the palmar surface of the hand by the explosion of a pocket pistol. The phalanges of the index finger were lacerated. The patient was from Southhold, Long Island, where tetanus is said to be common. The hand was poulticed, and opium given as a prophylactic. Some days after admission there was rigidity of the jaws, and the effort to chew solid food caused profuse perspiration. The index finger sloughed to the second joint, when it was dressed with dossils of lint dipped in tincture of opium. Nourishing soups were given. The symptoms, however, augmenting, the patient was placed in a warm bath; some sleep was procured, but the patient grew worse, and an enema of tobacco was administered. On the eighth day the spasms increased in force, frequency, and duration, and the head was rigidly drawn backward in marked opisthotonos. Hypodermic medication was resorted to, and a quarter of a grain of morphine injected, which produced sleep. But the patient sank rapidly, and died almost instantly upon awaking from sleep.

The Society resolved to hold monthly meetings during the winter, at the first of which Dr. Pomfret will read a paper on alcoholic liquors as remedial agents in the treatment of diseases, when thereafter the subject will be taken up for general discussion.

The following officers were elected for the ensuing year:

For President—Dr. S. Oakley Vanderpool.
Vice President—Leonard G. Warren.
Secretary—Oscar H. Young.
Treasurer—George H. Newcomb.

Drs. John Swinburne, William F. Carter, and W. H. Bailey were elected delegates to the Medical Society of the State of New York.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 24, 1860.

THE NEW TITLE.

Now that the season of the year is approaching, during which medical societies are, as a general rule, most active, meeting more frequently, and enjoying a fuller attendance than during the warm season, we would most respectfully urge upon them to take into consideration the subject of a second degree, as brought before the American Medical Association some years ago, in the so-called New Jersey resolutions, and again revived at the last meeting. It is a matter which strikes right home. Nothing in this country will elevate the profession, raise its status, or better the standard of medical education, unless the profession take the matter in hand energetically and unanimously.

The title of "M. D.," time-honored though it may be, and bestowed with festive ceremonies upon parchments half a yard square, or not far from it, is at present neither a sign of real scientific acquirement nor of professional respectability; nor is it to the public a protection against ignorant pretension or deliberate rascality. Every traveling mountebank can boast of it, and the most learned and skillful in our ranks is on the same level of "M. D." with the itinerant quack who, by fraud on his part, or recklessness on the part of the Faculty of some College, may have succeeded in putting himself in possession of a diploma.

Shall this state of things continue?

It cannot be expected that any one particular plan to remedy the evil should at once meet the approbation of so numerous a profession; and it is not our desire to advocate such a plan to the exclusion of others that may be presented. But what we would insist upon, is, that the question be discussed, so that the arguments *pro* and *con* may be brought fairly before the rank and file of the profession of the country, and they be prepared to instruct their delegates, directly or impliedly, how to vote and in what direction to throw their influence when the matter comes up before the next meeting of the American Medical Association.

The great danger in this, as in similar questions, is, that the delegates will not feel inclined to legislate upon a question involving so sweeping a change, and an innovation so radical, without knowing the sentiment of the professional masses. Indeed, it is wrong that a question of such import should be sprung upon the profession by that body; the latter should, in all such matters, be but the mouth-piece of predetermined sentiment. But how is that sentiment to be determined, unless the question is discussed in all its ethical and practical bearings?

The question is very simple. First, considering the insufficiency of the title of M. D. in distinguishing the man of scientific attainments from the mere pretender, and in guarding the public against fraud and deception, is it necessary and proper, as conducive to the interests of the public and our own, to establish a standard of medical acquirements, to be designated by a new title, independent of and free from those influences and interests which have, in the past, led to the degradation of the old title?

Would it be proper, for this purpose, to organize boards of censors or examiners in every State, whose duty it would be to examine into the qualifications of candidates for membership, according to a prescribed standard?

Who should appoint such boards — the American Medical Association or the State Societies?

Should the new title be "M. A. M. A.," Member American Medical Association?

We throw out these questions, hoping that every medical society will see fit, during the coming winter, to set aside one evening, at least, for an earnest deliberative discussion thereof. They concern us all, and, inasmuch as it seems pretty certain that they will be brought up at the next meeting of the American Medical Association, nothing is more essential than that their bearing should be fully understood.

A *timely* discussion in societies and in the

medical press will, besides, have a tendency to prevent *untimely* discussion at the meeting of the national body.

Striving at all times to advance and further the great cause of the healing art, and the interests, progress, and elevation of the profession, we have thought it our duty to call attention to this matter, which most deeply concerns the future standing and advancement of the medical profession.

ETHICS OF MEDICAL SOCIETIES.

There seems to be much trouble among the members of the profession of New York city in reference to their medical societies. The old County Medical Society, once the most popular, and embracing among its 600 members of the élite of the profession, in its halcyon days, became at last so infested with *isms* of all kinds, especially homœopathy, that, although still holding a legal form under the statute, it has dwindled to such utter insignificance that its officers are obliged to scour the streets for straggling members to raise a quorum of fifteen, to elect themselves at the annual meetings, the only ones now held.

Seeing the impossibility of reviving it in its purity, several of its most worthy members, about ten years ago, combined together to endeavor to supply the urgent demand for an association with which every reputable practitioner could unite, and instituted the "Academy of Medicine." The desideratum seemed to be obtained, and as the door of admission was open to those of the most moderate means, though guarded carefully against irregulars of every shape, it soon became popular, and took a high rank in professional consideration. Within one or two years past, however, the cold shoulder seems to have been turned towards it by several of its members, and among these are some of the most eminent for learning and moral character.

Many of the older physicians, who were formerly steady attendants of its monthly and semi-monthly meetings, and gave countenance to its proceedings, appear now to remain away, and the voices of some who were wont to enlighten the auditory from the depths of their experience and learning, are no longer heard. This may be in many cases accidental or unavoidable, yet the change cannot but be noticed, and has been too long continued not to have excited remark. Various reasons are assigned for this, and if one were asked to name them, he might perhaps be puzzled to do it, so as to embrace all, or even any one, operating upon all the absentees alike. One of the principal objections which we have heard urged against the Academy, is the *public* manner in which its debates and proceedings are allowed to be conducted. Not only, it is said, is the attendance not confined to members of the body itself, but persons not members of the profession, and even the reporters of the daily press are allowed to be present, and the latter are provided with facilities for their occupation, and encouraged to report the speeches in the papers. In our judgment, this is a proceeding which no man possessing true professional feeling can sanction.

We hold medical society meetings in the light of *professional consultations*, where the strictest privacy should be maintained, where medical opinions may have the utmost freedom of expression, and where errors of practice may not only be exposed, but *confessed*, for the benefit of others, without danger to the reputation of the confessors. Medical practice and medical reputation are of too delicate a nature, as every practitioner knows full well, to permit them to be cast, like pearls, into the mire of popular criticism in the daily papers. Perhaps no more striking instance of the hurtfulness of so doing ever occurred than the protracted discussion in the Academy of Medicine nearly two years ago, of the celebrated "Whitney case," in the course of which one celebrity was accused by another of having destroyed the patient by malpractice, and the president is said to have been threatened with a flogging by a lay relative of the "subject" for "words spoken in debate," though those words were strictly proper and very important in a professional point of view, and all because the public and the penny-a-liners, with their eager pens, were not excluded. It is believed that much of the present disaffection to-

wards the Academy takes its date from that unprofessional debate.

This practice of reporting the proceedings of medical societies in daily political and commercial papers, we cannot but regard as *unprofessional conduct*, and especially in the case above alluded to, in direct violation of section 2, of article 6, of the Code of Ethics of the American Medical Association. And thus it may be at any of the meetings of the Academy, or any other medical society, at which the whole world are present as auditors, through the reporters of the press.

Nor is this all the objection to which this practice is open. It has the tendency to degrade the Society which permits it, to the base level of an advertising *medium*. Let it be once admitted that the outer world may have free access to the meetings of medical men, (which is virtually the case where newspaper reporters are admitted,) and they will be at once and universally seized upon by "men of the baser sort," to parade themselves before the people, and he who can tell the best tale, and recite the most numerous cures, will be the loudest and most frequent talker, knowing that he speaks, not to the Society, but to the outside credulous audience, to whom he looks for a *quid pro quo*. No surer method can be devised by such societies, for driving from them the men of real worth and refined feeling.

We have made particular allusion to the New York Academy of Medicine, in connection with this subject, for two reasons; *first*, because we have noticed that recent efforts for the purification of its meetings from the *offence reportorial* have been negatived; and, *secondly*, because the high position which the Academy has heretofore held in the estimation of the medical public, and the pleasure we have felt in its success as a popular professional body, renders any dereliction of ethics, on its part, more injurious to the public weal, and pains us the more to behold.

But we regret to be obliged to say that the Academy does not stand alone in this particular. The foregoing remarks, though long contemplated, have in fact been drawn out at this time by a recent and what we cannot hesitate to call a *flagrant* case of professional advertising, through a similar channel.

In a strictly medical journal the following proceedings of another New York Society would have found a proper place, and been read with interest, but when the eye first meets them in a daily secular paper, even though it be conducted upon semi-religious principles, they lose a large part of the value they would otherwise possess, and cast a strong shade of suspicion over the reputation of the Society from which they emanate.

"Medico-Chirurgical College.—On Thursday a meeting of this medical society was held, at which Dr. Dewees presided. A very curious specimen of diphtheritic membrane was exhibited by Dr. Sayre, which was expelled from the throat of one of his infant patients about four hours previous to the meeting. The child had been kept four or five days in a room filled with the vapor of water, and heated permanently to the temperature of 85° F. By this means, the membrane, which would otherwise have hardened, and inevitably have suffocated the patient, was kept soft, and any new membraneous material formed in the air passage was dissolved, and thrown off by expectoration. At length, the disease having run its course, the layer of this material which had been first deposited within the windpipe, was loosened and got rid of by the violent explosive coughing of the patient. The membrane exhibited formed a beautiful and perfect cast of the interior of the trachea, and the patient having been delivered from this foreign substance, was out of danger. Dr. Sayre mentioned several cases in which he had been similarly successful by this mode of treatment, which consisted of two things: First, the atmosphere of the room was kept saturated, loaded with moisture, as this was the best, perhaps the only efficient, means of dissolving the diphtheritic membrane and preventing it closing the air-tubes. Secondly, the strength of the patient was sustained until the violence of the disease had been spent. For this purpose, brandy and other suitable stimulants were given.

"Dr. A. B. Mott then read a paper on "ununited fractures," and explained, in a very lucid manner, the various circumstances which, in some cases, where a fractured bone has been skillfully set, check the reparative process, and prevent nature from uniting the broken fragments, forming either a false joint, or leaving the bones permanently disunited. Among these obstructing influences, an important place was claimed for the constitutional debility brought on so frequently by vicious habits, by drunkenness, and by a neglect of the ordinary laws of health. The several ingenious plans were next mentioned which experience has proved adapted to stimulate and corroborate

the sluggish, defective natural forces. Of these valuable resources of surgical science, the most curious was, perhaps, that prepared in 1853, by Prof. Brainard, of Chicago, which consists in perforating the fragments, with the view of exciting ossific action. Dr. Mott said that he had several times had recourse to this method with success. Dr. White's plan, of cutting the ends of the fragment, as practiced by some English surgeons, he had also tried, with happy results, combining it with the American invention of uniting the ends of the bones by means of silver wire.

"Dr. Ceccarine next presented a specimen of a rare malady, affecting the eye. One of his patients, a girl of sixteen, ran the point of a pair of scissors into her eye. The sight was destroyed, and the interior of the organ became gradually filled with a peculiar calcareous deposit, the removal of which, to make room for the insertion of an artificial eye, was a most delicate and difficult operation. It was, however, successfuly performed, and the stony substance was abstracted, and was exhibited for the examination of the members of the college.

"Dr. Conant then read a paper explaining the advantages of an improved pessary, adapted for the relief of some peculiar distressing maladies, resulting from weakness in the female organism, and greatly aggravating that debility if unchecked. One patient, who had been an invalid three years, and had kept her bed eighteen months, was enabled in a short time, by the happy effects of this instrument, and by proper treatment in other respects, to resume her domestic duties, and in one year was entirely well. About a dozen other cases of a similar character were described, all of which, except one, were permanently relieved. An animated discussion arose in reference to the use of this class of instruments, many of which have been so defective and so ill-adapted for their purpose, that considerable dislike had been awakened toward them, and many high authorities in this country and in Europe have discountenanced their use altogether. After some remarks from various speakers, Dr. Bronson said that he strongly approved of the use of such instruments if properly constructed and skillfully applied. Though the one now exhibited was superior to others, yet, in his opinion, it had some defects which were obviated in an instrument he himself was accustomed to use and would exhibit at a future meeting."—*N. Y. World, Nov. 17th.*

The very language of the foregoing article thus published, breathes the air of having been uttered for advertising purposes, and we cannot wonder, when medical societies permit such doings, that the better portion of the profession vacate their seats therein, especially after having fruitlessly attempted their abolishment.

Brethren of New York! Correct this evil, and preserve your reputation!

MEDICAL SOCIETIES—THE WINTER CAMPAIGN.

From the report of a recent meeting of the Medical Society of Albany County, N. Y., published in its appropriate place, our readers will perceive that the Society resolved to meet every month during the coming winter. We do not know whether the Society was in the habit of thus convening monthly, during former winters; but, at any rate, whether an innovation or only an old custom, that resolution was a good one, and should be adopted and acted up to by every medical society in the land from Maine to California. It does not betoken a very active professional, social, or scientific spirit on the part of many county societies, that we hear of them but once a year, at so-called anniversary meetings, when the time is generally taken up with reading minutes, hearing an address, and discussing—a dinner. There is no excuse whatever for any county society for not meeting twelve times at least in so many months, and no excuse for any dozen physicians in a city, town, or county, for not organizing a society.

Let the profession organize, then, and engage at once in the winter's campaign, we most earnestly urge. The seed thus sown will ripen into good fruit. It will show itself in the elevation of the social and scientific status of the profession; it will aid in improving the sanitary condition of the people by enabling us, through united action, to urge upon legislatures the necessity of certain measures; and, finally, it will awaken a greater interest in the American Medical Association, and render it still more the representative and legislative medical body of the Union.

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The Ether Discovery.—The Commissioner of Patents has refused the application of Dr. Morton, of Boston, for a renewal of the patent granted to him and to Dr. Jackson in 1846, for the use of sulphuric ether to promote anesthæsia. Dr. Jackson at that assigned his share of the patent to Dr. Morton, but he has now protested against its renewal, and the Commissioner decided that where a patent has been originally granted to two joint discoverers, they must unite in an application for a renewal.

NEWS AND MISCELLANY.

Philadelphia County Medical Society.—The third of the series of conversational meetings of this body was held, as announced in a previous issue, on Wednesday evening of last week. It was a large and spirited meeting. A new feature was inaugurated, or rather an effort made to carry out a provision of the constitution, which has long remained a "dead letter" among the ordinances of the Society, but which will have a tendency to render these meetings still more interesting and attractive. We allude to the introduction of the subject of pathology in connection with other scientific investigations, for which there is special provision in the "order of business." At the late meeting there were, accordingly, several interesting morbid specimens presented, a brief account of which will appear under the proceedings of the Society. With a membership numbering about two hundred, distributed over the whole consolidated city, most of whom are entirely engaged in the practical pursuits of their profession, including nearly all of the professors of our medical colleges and most of the medical officers of our various hospitals, with little exertion some valuable contributions to morbid anatomy might be made, and histories communicated and thus preserved of many highly interesting cases of various forms of disease which are continually coming under the observation of different members of the Society. If these efforts will be generally seconded, the usefulness of the Society cannot fail to be greatly augmented.

In a future issue we shall lay before our readers a brief abstract of Prof. Gross' opportune and highly valuable paper on the Tendencies of the Times, in a medical point of view, and the treatment of disease by stimulants, as well as the remarks of the several speakers who took part in the debate which ensued. The subject was by no means exhausted when the hour of adjournment arrived, and a very general desire was expressed that it might be resumed at a future meeting, to enable many other gentlemen, who were prevented from participating, on account of the lateness of the hour, to give their views on that vitally important topic.

Physicians' Fees.—"Dat Galenus opes, dat Justinianus honores," was very well recognized in the dark ages. Antoninus flung costly chains of gold around the neck of the above-named physician. A thousand "gold talents" formed the fee (larger than the sum total of many a year of modern practice) which Erasistratus received from a rich patron. Pope Honorius the Fifth retained his own doctor at a hundred ducats the day; and ten thousand "old livres" of France, with royal additions, were the tribute paid by the love, fear, and gratitude of Louis the Eleventh to his médecin du corps. One of the most singular illustrations of the subject of fees which we have ever met with was on the part of an Arab patient rescued from a frightful malady by the late Dr. Hogg, when that pleasant physician was traveling with Lamartine. After the completion of the cure, the Arab went to the English doctor, not to pay his bill, but to ask for a considerable pecuniary gift. On the physician declining to adopt this course, the Arab remarked that he had hoped to find him more ready to manifest his gratitude to God for conferring on him knowledge to cure to such mortal diseases as he, the Arab, had lately been struggling against.—*Athenæum.*

Epilepsy a Consequence of Tobacco-Smoking.—"I may be permitted to state that one of the most severe cases of epilepsy I ever saw arose in a boy twelve years of age, who had been for two years a tobacco-smoker, which habit he continued after the disease attacked him, and it was in vain that remedies were applied so long as the habit was persisted in; but after it became known that he pursued this pernicious practice, and he was prevented continuing it, he speedily recovered, and has been since kept in good health. We shall no doubt be told that thousands pursue this practice without producing epilepsy, and this is true; but how many of those thousands suffer considerable inconvenience and derangement of the functions of the nervous and digestive system, without tracing them to their true origin."—*Sir Charles Hastings, M. D., on the Tobacco Question.—Lancet.*

A Dropsical Epitaph.—Harpers' Monthly, among a selection of epitaphs, gives the following:

Here lies Dame Mary Page,
Relict of Sir Gregory Page, Bart.
She departed this life March 4, 1728,
In the 56th year of her age.
In 67 months she was tapped 66 times, &
Had taken away 240 gallons of water.

Catalogue Raisonné of Literature and Science, a general and classified list of the most important works in nearly every department of literature and science in the English language, has been compiled by Mr. J. Whitney, and published by Rickey, Mallory & Co.

Army and Navy.—Assistant Surgeon J. C. Bailey has been ordered to proceed to Fort Defiance, and report for field service to Brevet Lieutenant Colonel E. R. S. Canby, commanding the troops operating against the Navajoes.

Assistant Surgeon J. Campbell Shorb (lately appointed) has been assigned to duty with the detachment of recruits, to sail from New York on the 21st instant for San Francisco.

Leave of absence for four months has been granted to Surgeon J. Sloan, Medical Department.

Curious Statistics.—A proficient in this study lately calculated that fifteen millions of men have perished in the various wars that have been waged since the creation of the world. He estimates the blood shed in these wars at 3,560,000 barrels; and, taking the weight of each man at an average of 100 pounds, he concludes that 1,560,000,000 pounds of human flesh have been cut to pieces by hostile weapons.

Statistics of Lunacy—Late statistical returns show that in Belgium there are at present 51 lunatic asylums; 6 in the province of Antwerp (one of them the colony of Gheel,) 11 in the Brabant, 6 in Western Flanders, 16 in Eastern Flanders, 6 in Hainaut, 4 in Liege, and 2 in Limburg. The number of lunatics in Belgium is 4,907, which is 1 in every 920 of the population.—*Lancet.*

A Life of Franklin is to be written by Edward Everett. It is promised to be ready in the course of the coming year, and will be published by Sheldon & Co., of Boston.

A Hospital for Negroes has been established at Charleston, S. C. The medical attendants are Dr. Cain, Physician, and Dr. Chisolm, Surgeon. It is to be opened for clinical teaching.

General Walker.—The *Gazette Hebdomadaire* says that the late General Walker, of Central American notoriety, was formerly a member of the medical profession, and studied at Philadelphia, and afterward at Paris. He did not succeed in obtaining practice, and studied law. His subsequent history and tragic death are are familiar to every one.

The Resuscitated Murderer.—The London *Lancet* has swallowed the bogus story of the resuscitation of Hicks, the pirate, and published the account entire, but without comment, merely calling it "a strange story."

Philadelphia Hospital.—About six hundred students have procured the ticket for the clinical lectures at the Philadelphia Hospital.

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Chemistry and Psychics.—Mind, they say, rules the world. But what rules the mind? The body. The body lies at the mercy of the omnipotent of all mortal potentates—the Chemist. Give me Chemistry; and when Shakspeare has conceived Hamlet, and sits down to execute the conception, with a few grains of powder dropped into his daily food, I will reduce his mind, by the action of his body, till his pen pours out the most abject drivel that has ever degraded paper. Under similar circumstances, revive me the illustrious Newton. I guarantee that, when he sees the apple fall, he shall *eat it*, instead of discovering the principle of gravitation. Nero's dinner shall transform Nero into the mildest of men, before he has done digesting it; and the morning draught of Alexander the Great shall make Alexander run for his life, at the first sight of the enemy, the same afternoon. On my sacred word of honor, it is lucky for society that modern chemists, are, by incomprehensible good fortune, the most harmless of mankind. The mass are worthy fathers of families, who keep shops. The few, are philosophers besotted with admiration for the sound of their own lecturing voices; visionaries who waste their lives on fantastic impossibilities; or quacks whose ambition soars no higher than our corns. Thus Society escapes; and the illimitable power of Chemistry remains the slave of the most superficial and the most insignificant ends.—*The Woman in White.*

DEATHS.

Cobb—In Manchester, Mass., Nov. 11th, Professor Jedediah Cobb, M. D., formerly of Louisville, Ky., aged 60 years.

Krouse—In Saladasburg, Pa., on the 7th ultimo, Frederick W. Krouse, M. D., in the 45th year of his age.

Ash—On the 19th inst., Mary Louisa, wife of Dr. H. St. Clair Ash, (and youngest daughter of the late Joshua Cousty,) in her 24th year.

Answers to Correspondents.

B. M.—The best works on Diseases of the Rectum are those of Ashton, Quain, Syme, and Curling. A very full treatise on Malformations of the Rectum has been recently produced by Bodenhamer of New York.

W. A.—We are not aware of any complete edition of the works of Ambrose Paré since the date of their translation in 1634. There are copies in the libraries of the Pennsylvania and Philadelphia Hospitals.

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COMMUNICATIONS RECEIVED.

Alabama—Dr. E. H. Scholl. *Illinois*—Dr. C. H. Mills, (with. encl.,) Dr. B. Woodward. *Kentucky*—Dr. C. S. Abell, (with encl.) *Massachusetts*—Mr. J. Choate. *Mississippi*—Dr. P. B. Scott, (with encl.) *New Jersey*—Dr. A. H. Burgess (with encl.,) Dr. H. C. Cooper, Dr. A. W. Woodhull, Dr. D. M. Stout, (with encl.) *New York*—Dr. Macnicholl, (5,) Dr. J. Foran, (with encl.,) Dr. H. D. Didama, (with encl.,) Dr. W. H. Hoyt, (with encl.,) Dr. M. Bau singer, (with encl.,) Dr. A. B. Shipman, (with encl.,) Dr. W. R. Watson, (with encl.,) Dr. S. Tatman, (with encl.,) Dr. M. Williams, (with encl.,) Dr. C. A. Hyde, (with encl.,) Dr. C. E. Van Anden, (with encl.,) Dr. W. B. Lynch, (with encl.,) Dr. W. R Gorten, (with encl.,) Dr. H. D. Benedict, (with encl.,) Dr. G. W. Davis, (with encl.,) Dr. S. S. Patterson, (with encl.,) Dr. J. H Steinberg, (with encl.,) Dr. S. D. Willard, Dr. Atherly, Dr. R. W. Clark, Dr. Ormiston, Dr. R. Jewitt, (with encl.,) Dr. J. H. Griscom, Dr. C. M. Hewett, (with encl.,) Dr. E. Meyborn, (with encl.,) Dr. H. D. Dimick, (with encl.,) Dr. Pritchard, (with encl.,) Dr. J. Howe, (with encl.) *Ohio*—W. E. Chapman, Dr. J. T. Leslie, Dr A. Wilson, (with encl.,) Dr. P. Beeman, (with encl.,) Dr. H. D. Kee, (with encl.) *Pennsylvania*—Dr. J. L. Stewart, (with encl.,) Dr. J. H. Keeler, Dr. F. Green, Drs. Werner & Walls, (with encl.,) Dr. S. W. Trimmer, Dr. C. R. Earley, (with encl.,) Dr. J. B. Livingston, (with encl.,) Dr. J. Lowman, (with encl.,) Dr. J. P. Gregg, (with encl.) *Rhode Island*—Dr. E. M. Snow. *South Carolina*—Dr. G. Caulier, (with encl.) *Tennessee*—Dr. H. Moore. *Texas*—Dr. O. Loftin, (with encl.)

Office Payments—Dr. J. Montgomery, (Pa.,) Dr. S. Rosenberger, (N. J.,) Dr. S. H. Harry, (Pa.,) T. L. Robinson, Dr. J. A. Williams, (O.) Dr. N. B. Boileau, (N. J.,) Dr. J. W. Jones, (N. C.,) By Mr. Swaine: C. H. Needles, (adv.,) Mr. Helmbold, (adv.) Dr. Horner, Dr. C. H. Smith, Dr. Dixon, Dr. Burpee.

MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 10, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	189	321	76	128	73	.....	.....	25	.....	.....	76
Males	100	174	37	71	40	.....	.....	16	.....	.....	42
Females	89	147	35	45	33	.....	.....	9	.....	.....	34
Sex not stated	.....	.....	4	12	.....	.....	.....	.....	.....	.....	.....
Whites	182	312	57	105	73	.....	.....	7	.....	.....	.....
Black and colored	7	9	15	19	.....	.....	.....	18	.....	.....	.....
United States	150	212	.....	57	43	.....	.....	22	.....	.....	.....
Foreign countries	39	117	.....	48	30	.....	.....	3	.....	.....	.....
Nativity unknown	.....	2	.....	23	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	22	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	51	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	89	149	38	43	25	.....	.....	10	.....	.....	42
5 to 10 years	13	16	7	5	3	.....	.....	1	.....	.....	}
10 to 20 "	12	12	5	.....	6	.....	.....	.....	.....	.....	}
20 to 50 "	42	92	15	59	27	.....	.....	10	.....	.....	} 34
50 and over	33	49	11	9	12	.....	.....	4	.....	.....	}
Unknown	.....	3	.....	12	.....	.....	.....	.....	.....	.....	}
Causes of Death. *Zymotic Diseases.*											
Croup	4	13	5	.....	1	.....	.....	.....	.....	.....	2
Cholera Infantum	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Cholera	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	2	6	.....	10	.....	.....	.....	1	.....	.....	.....
Diphtheria	16	10	1	1	.....	.....	.....	1	.....	.....	5
Dysentery	.....	4	.....	6	.....	.....	.....	.....	.....	.....	6
Erysipelas	1	1	1	2	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	2	.....	1	1	.....	.....	.....	.....	.....	.....	2
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
" pernicious	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
" typhoid	5	5	4	2	7	.....	.....	1	.....	.....	5
" typhus	.....	4	.....	1	.....	.....	.....	.....	.....	.....	.....
" scarlet	28	17	5	2	5	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	1	2	1	.....	.....	.....	.....	.....	.....	1
Measles	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	1	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	3	4	.....	1	.....	.....	.....	.....	.....	.....	.....
Congestion of Lungs	.....	10	.....	.....	1	.....	.....	.....	.....	.....	.....
Consumption	18	43	8	17	12	.....	.....	6	.....	.....	2
Pneumonia	4	19	1	8	2	.....	.....	1	.....	.....	9
Hemorrhage from Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	1	3	1	3	2	.....	.....	1	.....	.....	.....
Convulsions	4	26	4	10	3	.....	.....	3	.....	.....	5
Congestion of Brain	4	8	.....	.....	2	.....	.....	1	.....	.....	4
Disease of Brain	4	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delirium Tremens	2	5	.....	1	.....	.....	.....	.....	.....	.....	1
Epilepsy	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	1	6	2	.....	5	.....	.....	.....	.....	.....	.....
Inflammation of Brain	5	9	2	2	.....	.....	.....	.....	.....	.....	2
Paralysis	5	6	.....	.....	.....	.....	.....	1	.....	.....	.....
Tetanus	.....	1	.....	8	1	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	7	8	1	3	.....	.....	.....	2	.....	.....	2
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	4	.....	1	1	.....	.....	.....	.....	.....	.....
Gastritis	.....	2	.....	1	1	.....	.....	.....	.....	.....	2
Hepatitis	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Inflammation of Throat	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	1
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	3	8	.....	5	1	.....	.....	.....	.....	.....	.....
Marasmus	8	18	.....	2	2	.....	.....	2	.....	.....	1
Peritonitis	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	2
Urinary Organs.											
Albuminuria	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	2	.....	.....	1	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	4	3	.....	.....	1	.....	.....	.....	.....	.....	1
Dropsy	5	11	2	4	1	.....	.....	.....	.....	.....	.....
Debility, etc	14	11	.....	3	1	.....	.....	.....	.....	.....	9
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	}	.....	}	.....	.....	.....	.....	.....	.....
Convulsions	3	.....	} 3	.....	} 2	.....	.....	.....	.....	.....	.....
Fever	.....	1	}	.....	}	.....	.....	.....	.....	.....	.....
Diseased Womb	1	1	}	.....	}	.....	.....	.....	.....	.....	1
External Causes.											
Accidents	7	9	5	10	5	.....	.....	.....	.....	.....	.....
Poisoning	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	2	.....	.....	1	.....	.....	.....	.....	.....	.....
Stillborn	11	.....	4	8	.....	.....	.....	.....	.....	.....	2
All other causes	9	23	24	13	15	.....	.....	3	.....	.....	.....

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 215. } PHILADELPHIA, DECEMBER 1, 1860. { NEW SERIES, VOL. V. NO. 9.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Crystaline Lens and its Diseases.

By Laurence Turnbull, M. D.,
Ophthalmic Surgeon to the Howard Hospital.

No. 5.

OPERATION OF EXTRACTION.

We have at the last lecture considered the operation of extraction of cataract, and finished with some of the complications which tend to interfere with, or prevent, the success of the operation.

The subject last under consideration was intra-ocular hemorrhage, and we stated that, according to Rivaud-Landrau, and other authorities, this took place in consequence of rupture of the vessels, the immediate result of detachment of the vitreous humor from the choroidea.

It must be added here, however, that Mr. White Cooper, on the other hand, maintains that the detachment of the vitreous humor, instead of being the cause of the hemorrhage, is merely the result of it. According to him, it is the accumulation of blood behind the vitreous humor which, in pushing the latter before it, produces the detachment.

In fact, Rivaud-Landrau regards as the principal cause of the hemorrhage what White Cooper considers as merely the effect of it.

In four cases of extraction of cataract at the Ophthalmic Hospital, Moorfields, in which this complication occurred, the eye was extirpated in order to arrest the hemorrhage; and, on dissection, a coagulum of blood was found in each case, between the sclerotic and choroid coats; the choroid and retina being pushed forward into the vitreous humor. This would speak rather in favor of Mr. White Cooper's theory.

In a recent article in the *Giornale d' Ofttalmologia Italiano*,* Dr. Olioli proposes digital compression of the carotid artery on the side corresponding with that of the hemorrhage, as a means of arresting it, instead of resorting to extirpation of the eye. Although he has not had an opportunity of proving the efficacy of this treatment, yet he cites a case of aneurism of the ophthalmic artery, in which it was employed with success by Prof. Gioppi, of Padua, and infers from this that the same means might be resorted to with immediate benefit in intra-ocular hemorrhage.

If you should be so unfortunate as to have this complication to occur, I would recommend a trial of the means previously indicated, such as the application of cold, absolute rest, pressure upon the carotid; but should all this fail, it will be best to resort to careful and uniform pressure with a pad and bandage; and should this not succeed, and the eye is lost, the injection of the solution of per sulphate of iron injected into the wound in the eye, or the powder placed upon a sponge and fitting the eye; either of these methods is better than extirpation.

The complications, besides those already stated in the operation of extraction, are: 1st. Staphyloma, or prolapsus of the iris; 2d. The discharge of the vitreous humor; 3d. Irregularity of the pupil; 4th. The deformity of the cicatrix; 5th. The closure of the pupil.

First. With regard to the staphyloma of the iris. If the cornea is divided as recommended, the iris is not apt to come forward. But should the accident happen, it is to be reduced by rubbing the closed eyelids. It is better even to proceed and cut off a small portion of the iris, than to withdraw the knife. If a large portion of the iris should fall between the cornea and knife, it must be pressed back until the section is completed. The iris may

* Emorragie Intra oculari od Emoftalmie, e Proposta della Compressione Digitale per Arrestarle. Per A. Olioli, Medico-Chirurgo.

bleed if cut, but the blood in the chamber will soon be taken up by the absorbents.

Should the iris after the section be still prolapsed, the spoon of the curette must be used with care to replace it. If our attempts should fail, and there is escape of the hyaloid membrane, this membrane should be cut off with the scissors close to the iris. Even with this condition, the case is not always hopeless, for some very extensive cases of prolapse have, after some months' careful treatment, disappeared, leaving but a slight cicatrix; nor is good vision incompatible with removal of a portion of the iris. Should the iris bulge forward by pressure of the aqueous fluid, the removal of the accumulation by the introduction of a needle or knife, by giving vent as often as it re-accumulates, will relieve pain and assist in its reduction. Should prolapsus iridis be the result of ulceration of the cornea, various means should be employed to restore the tone of the system by diet, tonics, etc.; for without this plan, no local applications will be of much avail. Perfect rest should also be enjoined with the use of extract of belladonna around the brow, or atropial collodion, painted around the eye every day or two.

Second. Discharge of the vitreous humor. If this accident happens in a case where the cataract is simple, and where the vitreous humor is free from disease, or the posterior part of the capsule does not adhere to the body of the crystaline, it must be attributed to a want of care in the operator, and is not to be considered as a necessary consequence of the operation itself. The loss of a small portion of the vitreous humor is not generally followed by any ill effects. Still the operator ought to be most careful to prevent the accident, for when a small portion has run out, a very slight circumstance will occasion a further discharge, and the patient should be watched so as to prevent any coughing, sneezing, or touching of the eye, or permit anything that is likely to create anxiety or mental emotion, and even talking should not be permitted; the patient should also be placed on his back, and carefully prevented from moving from that position for several hours.

Third. If the eye has been much fatigued during the operation, irregularity of the form of the pupil is an accident which sometimes occurs. Yet these irregularities do not in all cases injure the sight. Proper adjustment of the flap of the cornea will do much to prevent this, for if the eye is very prominent the lid may displace it and turn it down. This should be carefully looked to; by taking hold of the cilia we can bring the lid out and see that it is completely lifted over. If complete inversion of the flap takes place, a thin, delicate, silver spatula should be employed to replace it.

Fourth. The same advice may be given in regard to formation of a cicatrix as we have already given in the case of irregular pupil. You must use but one instrument in making the incision, and at one stroke—not a series of cuts; make it near the margin of the sclerotica, and large enough to allow the opaque crystaline lens to pass through without violence. In this case, if the knife is sharp, the cicatrix will scarcely be visible, and will not obstruct the rays of light.

Fifth. A partial or total closure of the pupil will occasionally happen after the most carefully-performed operations, but generally depends upon violence done to the iris, causing acute inflammation of the whole eyeball, and this must be treated by depletion, mercury, and solution of atropia when the patient is an adult and in robust health, with a strong, full pulse; but if the patient's vitality is low, pulse feeble, but rapid, then we have usually a subacute inflammation. In the acute inflammation, which shows itself early, the lids are bright red, and the secretion is purulent. The subacute inflammation comes on some days after the operation; the swollen lids have scarcely a blush of inflammation, being rather of a darkish hue and infiltrated with serum, and, should the cornea be seen, it is generally hazy, the secretion is thin and the conjunctiva, although chemosed, is scarcely vascular. These cases demand good nourishing diet, of beef-tea, whey, and carbonate of ammonia, with or without opium, depending upon the amount of pain. Mr. Tyrrell was in the habit of giving large doses of the carbonate of ammonia—eight, or even ten grains. By this means he found the acute inflammation aggravated, and the subacute at once relieved.

If all treatment should fail and the pupil is closed, then we can resort to either iridectomy or the formation of an artificial pupil, which will depend, for its success, upon the state of the retina, etc. This subject we will treat of more fully under the head of the operations on closed pupil.

CATARACT GLASSES.

After a successful operation for the removal of a diseased crystaline lens from the eye by extraction, the patient soon regains a moderate amount of vision for objects at a certain distance, but with a loss of power of adjusting the eye for different distances, with the exception of his control over the size of the pupil. In order that he may see distinctly and at any distance, the optician furnishes glasses of different degrees of convexity, as an artificial crystaline lenses, according as the patient wishes to view near or distant objects; for viewing objects near him, convex lenses, in spectacle frames, of three to three and a half inches focus; for viewing distant objects, to four and a half inches. Before employing these most useful aids, the eyes must have become entirely free from disease for some time, say from four to six months.

For a full account of the use of spectacles, see "Jones on Defects of the Sight and Hearing," edited by the lecturer, 1859.

Lectures on the Physiology of the Nervous System.

By J. Cheston Morris, M. D., of Philadelphia.

No. 1.

Gentlemen:—We have now, in the course of our studies, arrived at the nervous system. Thus far we have been occupied mainly with the physical phenomena presented by the living human body: with endosmose, digestion, respiration, circulation, secretion, and excretion, especially in their mechanical and chemical aspects. We are now to inquire into some of the phenomena of life itself, and deduce, if possible, its laws, for our guidance in the practice of medicine.

You will, doubtless, recall the propositions laid down at the commencement of this course, as to the nature of life, the laws of the forces which are active during life. We might here, with great propriety, enter upon the consideration of organic or vital force, taking the development of the embryo as an instance of the change of formless matter into forms resembling those of the parent; but I prefer at present to pass at once to the nervous system and its function.

It is the presence of this system, and its appendages, that separates the animal from the plant. All the phenomena of sensation and motion require its presence; and we can hardly conceive of an *animal* that does not, in some degree or at some time, exhibit them; while, on the other hand, no vegetable shows anything more than a mere physical effect on being irritated. What, then, we may ask, is the function of the nervous system? Dr. Dalton has furnished us with an excellent reply. The function of the nervous system, according to him, is to cause one organ to respond to the stimulus applied to another. This is the simplest formula that we can adopt, which will yet include all the varieties of nerve-action. These we may classify in the higher beings under the three heads of excito-motor, voluntary, and intellectual. But in order to understand thoroughly the action of any organ or system, we must study it, not only in its more complex forms, but also in the simplest; in fact, it is by means of these that we are best enabled to appreciate the conditions necessary for any action.

Wherever, then, we find nervous matter, we find it under one of two forms, gray vesicular; or white fibrous. Collections of the former we call *ganglia*, and in these alone is nerve-power originated or produced. The latter constitutes either *nerves* or *commissures*, the latter being merely nerves which connect ganglia. In the different modes of arrangement of these ganglia, we find the best classification which has as yet been attempted of the animal series. For instance, we find beings which manifest sensation, and apparently voluntary motion, in which, nevertheless, we can detect no special agglomerations of nervous matter: nor do the different parts of their bodies always seem to act in harmony. Such are the sponges, the polyps, and other beings on the borders of animal existence. In these the nervous tissue is supposed to be diffused through the whole mass; and therefore the term ACRITA (α, negative, and Κρινω, I discern,) has been applied to the class. Rising a step higher in organization, we come to animals which seem to be developed by precisely similar parts around a centre, and hence are called RADIATA. In this class we find a nervous centre in each one of these similar parts, connected with its fellows by a thread-like nervous filament. This is the first distinct appearance of the nervous system, and from this thread-like appearance, these animals are called NEMATONEURA. In the same class must be ranked the medusæ, or jelly-fishes, so common on our sea-coast.

Rising still higher, we find animals with ganglia scattered irregularly through their bodies in the neighborhood of the great organs over which they respectively have control. From this irregular distribution of nerve-centres they are called HETERO-GANGLIATA. To this class belong the snail, the clam, the oyster, etc.; in other words, the mollusca. Another mode of arrangement is that in which the whole body is composed of segments, similar at first, but afterwards modified by development, so as to subserve different purposes; each segment containing a nerve-centre of its own. Situated on the ventral aspect of the body, these ganglia, connected by commissures with their fellows, present a slight resemblance to the cerebro-spinal system of the vertebrata; this, however, can hardly be said strictly to be the case, as they perform other functions beside those assigned now to the cerebro-spinal axis. This arrangement of nerve-centres has gained for the *articulata*, among which it is found, the appellation of HOMOGANGLIATA.

We now approach the last and highest division of the animal kingdom, the *vertebrata*. For these I would propose the term POLYGANGLIATA, as expressive of the much greater complexity of their nervous system, uniting as it does the principle of the homo-gangliate with that of the hetero-gangliate arrangement. In fact we find two great nervous systems, the cerebro-spinal and the sympathetic, each with its own functions closely connected together, so that their action may be consentaneous and harmonious. In this class of animals again, we find the whole structure of the body and grouping of the organs arranged in accordance with the development of the nervous system. The vertebral column is so arranged as to form with its processes two cavities, of which the posterior contains the centres, that constitute the cerebro-spinal axis, while the anterior lodges the sympathetic system and the viscera supplied by it. The former of these corresponds to the homo-gangliate system of the articulata in the double arrangement of its constituent elements, so that if divided longitudinally, one-half resembles exactly the other, and in the fact that each part of it presides specially over a definite portion of the body; but differs from it in the fact that the ganglia are often remotely situated from their respective organs.

The symmetry of this portion of the nervous system corresponds to the symmetrical arrangement of its dependent organs, so that the whole body at first seems to be double, or, as it were, composed of two symmetrical halves. But when we come to the so-called organs of vegetative life, we find that they correspond to the irregular arrangement of the sympathetic system, just as do the same organs in the hetero-gangliata. So much for the general arrangement of the larger nerve-masses. But let us now inquire more closely into the mechanism of this wonderful system. We find the whole body composed of *sentient* surfaces and organs, and *motor* apparatus (muscles, bones, ligaments, etc.) united together by nerves. We find, too, nerves running from sentient surfaces to nerve-centres, and conveying information to those centres of any irritation or excitement on those surfaces—even if irritated themselves in any part of their course, the centres receive the impression as if made upon the surfaces. These, then, we call *afferent* nerves.

So, again, those running to muscles from the nerve-centres convey to those muscles an influence which causes them to contract—never carrying to the nerve-centres any information of what may occur to the muscles; these are, therefore, *efferent* nerves.

But, if we examine the afferent nerves proceeding, for instance, from the eye, or the ear, we find them originating in these organs from masses of ganglia-cells; so, also, we find in the mucous membrane of the nostrils nerve-cells communicating by nerve-fibrils with the olfactory ganglia, commonly called the first pair of cerebral nerves. It is more than probable, too, that the so-called Pacinian corpuscles are in reality ganglia, whose office is to receive impressions of the form and consistence of external bodies, thus constituting the organs of *touch*. In this way, then, we see that all impressions received from the external world are first made upon *peripheral* ganglia, and are transmitted by them to the great nerve-centres, of whose general arrangement we have been speaking. These ganglia may have their functions exalted or depressed without the necessary participation of the central ganglia; or the latter may be affected without the former. But of the proofs of this we will speak more fully in the next lecture.

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Army and Navy.—Leave of absence for thirty days, for the benefit of his health, has been granted to Assistant-Surgeon A. Carswell, Medical Department.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 34.

Oral Region (*continued.*)—From the arrangement of the muscular constituent of the tongue it follows that it may be altered in shape, in three ways,—longitudinally, vertically, and transversely. Change in *breadth*, however, seems to be the prevailing modification, and therefore it follows that the longitudinal, and transverse muscles are those most under the influence of morbid causes. The latter muscles, when they are in a state of active contraction, will narrow the organ and make it quite pointed. The former, under a similar activity, will broaden and round the tip. When it is remembered that the glosso-pharyngeal nerve enters both the muscular and papillary structure of the tongue, we may suppose that the disordered function of the latter would react upon the former. The influence of spinal irritation upon the shape of the tongue, when seated high up in the cord or its membranes, we may infer, results from the communications of the spinal accessory nerve with the glosso-pharyngeal.

The vascularity of the organ being considerable, free hemorrhage will follow incised wounding of its substance. It so happens that most of its wounds are inflicted by the teeth, and partake of a contused character; in consequence of which the bleeding is not profuse. The edges of lingual wounds are always disposed to rise above the surface of the surrounding parts, and to be slightly everted, which follows from little fibrous tissue being present to check muscular contractility. To remedy this a compress may be retained in the mouth sometime after accidents, attended with breach of structure, until the part becomes settled in position.

When wounds are of a size and character demanding the application of ligatures or stitches, it becomes necessary to obtain perfect control of the organ, which is readily done by implanting into its substance a tenaculum. The silver wire is admirably adapted in such cases for retaining sutures.

The tongue requires to be drawn forward sometimes in profound anæsthesia, or in cases of suspended animation, in order that the entrance to the larynx may be free; and, for the same reason, in operations in which the anterior attachments of the organ are divided, as in the removal of the inferior maxillary bone, the precaution of securing the tongue by ligature, to prevent its retraction, should not be neglected. The relations of the organ to the larynx will be displayed when the post-palatine region is reached. The form of the tongue in different animals is only one of the many examples which we constantly see, of a mechanism or organization adapted to individual habitudes. In the cat it is rough, possessed of spines, admirably suited to rub off the flesh from bones. In cattle it is likewise rough, combined with great length, by which the animal is enabled to throw it around, and turn into the mouth standing herbage. In parrots it answers the part of a thumb, by antagonizing the superior mandible. Birds, which subsist on honey, have its extremity provided with a tuft of penicillous filaments, like a painter's brush, which is dipped into the bell of the flower, and the nectar drawn up. The woodpecker, preying largely upon insects, which are lodged in decaying timber, is provided with a tongue, the extremity of which is a well-shaped harpoon, and upon which they are impaled. In certain reptiles, as the toad, it is like a pair of forceps at the extremity, quite long, attached to the maxillary symphisis, and folded back toward the throat. In catching prey it is suddenly darted from the mouth, and the insect caught between the ends. Others, like the chameleon, have a linqual organ, greater in length than even the body itself, the surface of which is covered by a viscid secretion derived from numerous glands. When thrust out, swarms of diminutive insects settle upon it, and are at once glued fast. When it is covered, the animal draws it into the mouth and leisurely devours its repast.

Gums.—The alveolar processes of the jaws are covered by a periosteal, connective, and mucous layer, which constitute the *gums*. They are very firm in their consistence, in consequence of the amount of dense connective tissue present; they contrast in color with the neighboring parts, being paler, and being reflected around the necks of the teeth, present a beautiful festooned border. The surface of the gums is covered with numerous papillæ, which are found

most prominent in old persons. The epithelial layer is essellated. The glands which exist in the sub-mucous tissue of other parts of the mouth appear to be absent here, though they possess little depressions, giving the surface a cribriform appearance.

Nerves.—These proceed from the fifth pair. The normal sensibility of the gums is not great.

Arterics are derived from the *internal maxillary* and the *facial.*

Before the eruption of the teeth, the gums extend over the entire alveolar border; and again in the aged, after the teeth have fallen out, or are removed, and the alveolus disappears. The skeleton of the gums is the alveolar processes of the upper and lower maxillary bones. In the adult jaw, these contain each sixteen conical pits for the reception of the fangs of the corresponding teeth, and are lined throughout by a continuation of the periosteal layer of the gums, one portion of which, therefore, is applied to the sides of the cavity and the other to the root of the tooth. At the brim of the alveolar pits, the connective tissue accumulates in considerable strength around the necks of the teeth, embracing them like a collar, and forming the so-called *dental ligament.*

Practical Remarks.—Whenever the gums assume a red color it is an evidence of disease, though it is not to be forgotten that irritating substances, such as are often retained in the mouth, to relieve toothache, will produce increase of color, which soon subsides on the removal of the exciting cause. Though dense and devoid of much sensibility when free from disease, they may become excessively tender and painful when inflamed. This follows from the resisting nature of its fibrous constituent, subjecting, necessarily, the nerve filaments to injurious pressure. In cases of children such inflammations are produced by the contact of an advancing tooth, and every physician well knows the constitutional disturbance which frequently ensues, often developing frightful convulsions, by the communications between the fifth pair of nerves and the spinal marrow. Such irritation often aggravates and seriously complicates other infantile diseases. Hence the necessity for freely incising the gums, which not only opens the way for the crown of the tooth, but takes off the pressure of the inflammatory products from the nerve fibres. The cicatrix which follows the union of the gum tissue is very dense, almost cartilaginous in consistence, so that incisions should not be practiced too early, as the wound may heal over the tooth before it reaches the surface, and offer a much more formidable obstacle to its progress than the original gum. There are certain morbid states of the blood manifesting themselves upon the gums, such as scurvy, purpura, etc. They become swollen, livid, spongy, and bleed from the slightest touch. In depraved states of the fluids, white, cheesy flakes of lymph adhere to their surface, and often superficial ulcerations form. They may become inflamed from the specific action of certain medicines, as mercury, or lead. A granular state of the gums is occasionally noticed, due to an aggregation of the epithelial cells at certain points, among which may be detected many granules with cholesterine. These formations are the tartar glands of Serres. A white line, corresponding to the margin of the gums, is said to indicate incipient tuberculosis. Every form of ulceration may be met with here, from the simplest abrasion of the surfaces to the most destructive denudation of the bones.

Fibroid growths spring from the alveolar arches, such as *epulis*, which, commencing either in the connective or periosteal tissue, soon invade the contiguous bone and in their extirpation call for the removal of the latter; even erectile growths may originate in the vessels of this part.

Rheumatism may attack the gums; a variety depending on syphilitic taint is not unfrequently noticed. In all such attacks the fibrous element is the part affected, and in the latter may be attended with induration and thickening from plastic exudation.

In the aged, after the disappearance of the alveolar processes, the gums become both thick and dense, so as to enable them to comminute or bruise the food. The dissection of such a gum will exhibit the existence of white fibrous tissue of great density and possessing but few blood-vessels or nerves.

Teeth.—These are arranged in two parabolic curves in the upper and lower jaw, and called the dental arches. In almost all mammals there are two sets: the first remaining but a short time, called *temporary* or decidious; the second, for the entire life, called *permanent* teeth. The germs of both are lodged in the jaws of the fœtus. The first set, ten in number, in each jaw, commence to protrude about the sixth month after birth; those of the lower jaw first. By the end of thirty months from this period all the temporary set have made their appearance.

The permanent teeth begin to replace the others about the fifth or sixth year, and have all assumed their functional position in the jaw by the eighteenth or twentieth year.

They are distinguished from one another by specific names. Of the temporary class, twenty in number, there are four *incisors*, two *canine*, and four *molars* in each jaw. Of the permanent class, thirty-two in number, there are four *incisors* — two *canine*, four *premolars* or bicuspid; and six *molars* in each jaw. The canine of the superior maxillary are commonly termed *eye teeth*, and the corresponding ones in the inferior maxillary *stomach teeth*. The different parts of a tooth are distinguished by the terms crown or body, root or fang, and the neck. The first is the part above the gum, the second the portion implanted in the alveolar socket, and the third the constricted portion between the other two, embraced by the brim of the alveolus and the gum.

The crowns of the several varieties of teeth differ from each other. Thus, the incisors possess chisel or cutting edges; the canine spike-like extremities; the premolars two tubercles; and the molars four or five. All the teeth have a single fang or root, save the molars, those in the upper jaw having three, and in the lower two.

Structure.—A vertical section of a tooth displays four parts: a cavity in the centre, called the pulp cavity, surrounded on all sides by a structure resembling bone, called *dentine or ivory*, and which forms the great mass of the tooth, the crown of which is capped by a dense layer of a bluish white substance, the *enamel;* and, lastly, the root covered with a crust, the *cementum.*

Dental Pulp.—This fills up the central cavity, is of a soft consistence, and slightly red color. The anatomical elements of the pulp are blood-vessels, nerves, connective tissue, nuclei, nucleated cells, and an albuminous liquid. The blood-vessels and nerves reach the pulp cavity through canals in the fangs. The *arteries* which furnish these twigs are the superior and inferior dental branches of the internal maxillary, given off to each tooth as they pass along canals in the upper and lower maxillary bones; the *nerves* are derived from the *second* and *third* divisions of the fifth pair.

Dentine.—This consists of a great multitude of branching tubes, which radiate in all directions from the pulp cavity, supported by an intertubular matrix. Chemically, it consists of earthy and cartilaginous matters, the latter constituting about one-third of its substance.

Cementum.—This very nearly resembles, if not identical with, bone — possessing lacunæ, canaliculi, and sometimes Haversian canals.

Enamel.—No substance could be better adapted to fulfill the end in view than the one under consideration. It consists almost wholly of inorganic salts, and caps the crown of the tooth in the form of hexagonal columns, and, from its extreme hardness, capable of resisting the most powerful contact of the triturating surfaces.

Cases of Abnormal Urinary Deposits.

By A. W. Woodhull, M. D.,
Of Newark, N. J.

The cases which in this and subsequent articles it is proposed to present, have, from time to time, been detailed before the "Newark Medical Association." The list might have been greatly extended, embracing cases of much interest, which have yielded deposits of uric acid, urates of soda and ammonia, pus, epithelial cells, and tube casts; but these few have been selected as being perhaps of the greatest pathological importance.

It is greatly to be regretted that careful analytical examination of the urine is not more generally resorted to.

A mere superficial glance at a urinary deposit is not sufficient always to determine its true character. Even the correct knowledge of a deposit spontaneously thrown down, is often no clue to the perception of those hidden, dissolved excreta, which only the proper use of chemical agents can reveal. We must bring to our aid the test-tube, the laboratory, and the microscope. By making use of these means, we may facilitate and verify our diagnosis, avoid all experimental and worse than useless treatment, save time which may be of vital importance to the sufferer, discover the exhausting drain which gradually, but certainly, is wearing out our patient's life, and without delay administer those remedies which experience tells us will restore to a proper condition the functions of those organs employed in its elimination.

The particulars of these few cases prove this

if nothing more. And it is freely confessed that without a correct and exact knowledge of the character of these deposits the favorable results could never have been obtained. And my object will be much more than attained if, by thus presenting them, any practitioner of medicine may be induced to make the urine, with its pathological relations, the object of his close analytical study, and thus, while he experiences that pleasure which success always brings, have the additional satisfaction of being able, with clear perception and correct knowledge, to afford a greater amount of relief to those sufferers who seek for it at his hands.

CASE I.—CYSTINE.

Mrs. G——, aged 22; married; no children.

The patient in this case was neither anæmic, chlorotic, or much debilitated, and until quite recently enjoying general good health, performing all her functions in a regular manner, and being one in whom the physical signs would be least calculated to lead to a suspicion of the true nature of her malady. Upon investigation, however, it was ascertained that in earlier years she had been afflicted with scrofulous symptoms, and, indeed, yet retained some of their effects. She complained of what she termed being "bilious," with pains in her back and bones, loss of appetite, and of frequent sickness at her stomach. She had lost considerable flesh, was very nervous, and was subject to occasional attacks of genuine hysteria. Her tongue was slightly coated, her skin more sallow than usual, and her conjunctival membranes yellow. But the symptom for which she especially sought relief was severe dysuria.

Her sufferings were intense and prolonged, being frequently compelled to spend from half an hour to three hours attempting to perform the act of micturition, and even then only a small quantity of fluid would be passed.

Upon request four ounces of urine were obtained; all she passed through a night of great suffering. Its color was of a dull light yellow, and a pale pinkish deposit was formed, to the height of about one-third of an inch, in a four-ounce bottle.

Its specific gravity was 1021—acid.

In 1000 grains there were 49 grains of solid matter. Considerable mucus floated in the fluid. It possessed all those physical characteristics which would lead one to immediately suspect the presence of the pale variety of the urate of ammonia. But applied heat produced no change. Upon the addition of dilute nitric acid the turbidity was slightly cleared up by the solution of a portion of the deposit, which the microscope proved to be the triple phosphates, while the greater part was unaffected.

Its true nature was not suspected until the peculiar odor was observed. This is generally described as like the odor of sweet-briar, but, in this instance, it seemed to resemble the refined essence of lavender sold by perfumers, and was mistaken for this article by one familiar with its perfume, but entirely unaware of the real nature of the contents of the bottle.

Acting now with a correct idea of the nature of the substance, a portion of the pure deposit was placed upon a slip of glass, and the microscope revealed the irregular rosette-shaped crystals seen in fig. 1.

Fig. 1.

Subsequently two drachms were placed in a test-tube, and a few drops of a strong solution of ammonia were added, which, upon agitation, completely dissolved the deposit. A drop of this solution was now placed upon a slip of glass and allowed spontaneously to evaporate, and with the aid of the microscope there were revealed clearly and beautifully shaped six-sided crystals of cystine. (Fig. 2.) (In both

Fig. 2.

the figures the dark portions are caused by the opacity which arises from the super-imposition of the crystals.)

A portion of the ammoniacal solution was allowed to remain in a bottle, and after a few days the white glass was stained to a dark reddish hue, being doubtless a deposition of the sulphuret of lead, formed by a combination of the sulphur in the cystine, and the lead which usually is found in the glass of bottles of this kind.

Treatment.—The treatment in this case was based upon the theory which we shall attempt to substantiate, viz: that the presence of cystine in the urine is caused by an inaction of those organs whose usual duties it is to eliminate sulphur from the system.

The dysuria and nervous systems were considered entirely hysterical, merely an evidence of the sympathy of the nervous organization with the general malaise of the system. The furred tongue, the sallow complexion, and the injected conjunctivæ indicated torpor of the liver, and the case was regarded as a striking example of the compensating powers existing between the liver and the kidneys—the latter performing the work for which the former, for certain reasons, was incapacitated. The result corroborated this view. The valerianate of iron, in grain doses three times a day, was administered to relieve the hysterical symptoms, and with the happiest result. The daily cold bath was ordered, and the quantity of fluid daily partaken of was recommended to be increased, to quicken the cutaneous action, as well as to lessen the specific gravity of the urine: and one of the following pills to be taken night and morning.

℞. Hyd. massæ gr. iij.
Ext. Taraxaci, gr. xxiv. M.

Div. in pil. No. xij.

The proportion of cystine began gradually to diminish, and at the end of the fifth day had entirely disappeared, leaving the urine, with a specific gravity of 1014, in a perfectly normal condition, and it has never since been possible to detect the least evidence of the presence of cystine.

General Remarks on Cystine.—Golding Bird, in his admirable treatise on urinary deposits, says: "Cystine has been found in urinary sediments by very few observers."

Its very rarity gives it additional interest when found.

But there are other considerations which cannot fail to awaken far greater interest in the mind of any one who will take the pains to trace out the existing relations between causes and effects, or diseases and their symptoms.

To the pathologist a deposit of cystine in the urine must ever be an object worthy of attention and study. It will lead him to the consideration of points hitherto not definitely determined, and should stimulate him to the use of his utmost endeavors to aid in the elucidation of those truths and relations which, now necessarily obscure, await the action of some master mind to raise the pall that invests them, and present them to us with clearness and precision. Much information yet is needed relative to the exact source of this anomalous substance. There are inquiries yet to be made, as to whether it is ever found other than as an abnormal ingredient of the urine—an indication of the diseased condition of some organ, or part of the system—and if always abnormal, what organic or functional impairment it indicates—and if the result of the functional derangement of any organ or set of organs, may its presence, under what seems to us to be precisely similar circumstances, always be detected—and are the kidneys the only organs employed in its elimination, or are they aided or supplanted in their office by the skin, the alimentary canal, or any other eliminatory medium.

Urine containing cystine is usually characterized by a rather low specific gravity, is often neutral, less frequently of acid reaction to litmus paper, soon becoming alkaline by keeping; it has usually a somewhat paler color than the healthy excretion, with occasionally a greenish tint; it is slightly turbid when passed, and becomes more so as it cools, the cystine being less soluble in the cold liquid; and it may generally be detected, when fresh, by a peculiar aromatic odor, often resembling that of sweet-briar, which upon the recurrence of putrefactive decomposition becomes exceedingly offensive.

The tests for the presence of cystine are either microscopic or chemical.

I. Microscopic. (*a.*) If a portion of the pure deposit be examined under a magnifying power of 250 diameters, it will usually appear as a mass of minute, irregular rosette-shaped crystals, as in fig. 1.

(*b.*) To a portion of the fluid containing the suspected deposit, add a few drops of the solution of ammonia; if it be cystine, it will readily

dissolve. Place a drop of the ammoniacal solution on a slip of glass, and allow it to evaporate spontaneously. The peculiar hexagonal crystals of cystine thus obtained are perfectly characteristic as presented in fig. 2.

II. Neutralize a portion of the ammoniacal solution, prepared in test I, (*b*,) with acetic acid; if cystine be present, it will be precipitated.

III. Cystine is slowly and sparingly soluble in concentrated nitric and hydrochloric, or in nitro-hydrochloric acids.

IV. It may be distinguished from urate of ammonia, which it very closely resembles by being unaffected upon the application of heat.

V. It may be distinguished from the earthy phosphates by its insolubility in acetic acid, its microscopic appearance, and its solubility in ammonia.

VI. It may be distinguished from chloride of sodium by its almost insolubility in water.

VII. Liebig's test. If cystine be dissolved in an alkaline solution of lead, a black precipitate of the sulphuret of lead will be produced. This test is fallacious, because all sulphuretted animal matters, such as albuminous or mucous substances, or bile, if similarly treated, yield similar precipitates.

The results of the investigations of the closest observers as to the primary source of cystine have not been entirely satisfactory. The weight of evidence, however, goes far to prove it a derivative of albumen, or of the structures into which albumen enters.

Now, it is well known that the blood is the source from which all the tissues of the body are derived, and from which all structural waste is supplied; also, to make room for this structural supply, the effete, exhausted material must be removed. Now, during the process of this metamorphosis, the elementary constituents of the albuminous tissues of the body are so arranged as to be converted into urea and uric acid.

But when from any disarrangement in these organs which have the property of assimilation or metamorphosis, the constituent atoms of the albuminous compounds do not so combine as to form urea and uric acid, we find formed what Dr. Prout has been pleased to term "certain ill-defined principles." Cystine, without doubt, is one of these "principles," and appears to be the result of derangement of those assimilative processes essentially connected with the excessive elimination of sulphur, of which it contains no less than 26.66 per cent. This theory of the albuminous source of cystine is more obvious when presented in the following manner, after Golding Bird:

Cystine consists of C_6, N, H_6, O_4, S_2.

	C.	N.	H.	O.	S.		C.	N.	H.	O.	S.	
4 atoms urea,	2.	2.	4.	2.	0.		12.	2.	12.	8.	4.	=2at. cystine
1 atom uric acid,	10.	4.	4.	6.	0.			4.				4. at. N.
1 atom sul. hyd.			4.		4.							
	12.	6.	12.	8.	4.		12.	6.	12.	8.	4.	

The nature of this substance is rendered more remarkable on account of the close relation it presents in its composition to that of taurine, the sulphurized constituent of the bile, their percentages of hydrogen, nitrogen, and sulphur, being almost identical, the differences existing only in those of carbon and oxygen, as will be seen by the following comparison:

	Cystine.	Taurine.
Carbon,	30.00	19.20
Hydrogen,	5.00	5.60
Nitrogen,	11.66	11.20
Oxygen,	26.67	38.40
Sulphur,	26.67	25.60
	100.00	100.00

Thus there can scarcely be any further doubt but that we have one of those marked examples of the vicarious nature of the urinary and biliary excretions, the former taking upon itself the removal, under peculiar circumstances, of a product whose components should normally find their way into the latter.

The conditions of the system which as yet have been discovered favorable for the elimination of cystine, are the presence of chlorosis and the strumous diathesis, with hepatic derangement in probable conjunction with either or both. Golding Bird mentions a case in which extensive disorganization of the kidneys co-existed with a cystine calculus. Dr. Prout has seen fatty matter mixed with cystine in urine, and suggests the probability of its connection with fatty liver. It is quite probable that in either one, or in a combination of these conditions, there must exist a very great deficiency in the process of oxidation, and this supposition is strengthened by the fact that a majority of the cases in which cystine has been found have been of a strumous character.

We have previously established the strong probability, at least, of the albuminous source of cystine. We now begin to gain a little light as to which one of the protein compounds may produce it.

Experience makes us familiar with the cha-

racter of the blood of strumous patients. We know that the bulk of the coagulum obtained by stirring or beating it, is usually greater than that of healthy blood, yet this coagulum does not consist of well elaborated fibrin. We find it soft and loose, and it contains an unusually large number of white corpuscles, while the red corpuscles bear a very small proportion.

So also in chlorosis, we find a great diminution of the red globules, while the fibrin, if affected at all, is also diminished, and often of an inferior quality. Now, even though in the ordinary progress of these diseases we fail to detect cystine, yet, if under a certain condition we *do* detect it, and this condition be a complication with some hepatic derangement, or what is ordinarily termed "biliousness," is it not fair to refer the existence of this substance to *the imperfectly performed functions of the liver upon badly elaborated tissue?*

If this reasoning be logical, we certainly should expect to find cystine in other diseases which tend to produce in the system a like result. And it remains for future observers to determine whether, under such conditions, it may not be present in the advanced stages of Bright's disease, in leucocythæmia, in scurvy, or even in rapid cases of albuminuria, and thus establish the verity of our hypothesis.

The great majority of writers and teachers who refer to this point, concur in the opinion that a small amount of cystine may always be detected in the urine, even that of the most healthy character; in fact, that it is a normal constituent of this excretion. I must respectfully differ from this belief. I have never been able to detect its presence in the urine of persons who were supposed to possess perfect health, while, too, it has been absent in many who in various ways were extensively diseased. The urine of scrofulous persons does not always contain it, although traces of it may, I believe, oftener be found in such specimens than any others. Still, it is undeniable that slight evidences of its presence, as, for example, sparse, isolated crystals, may often be detected, and it may be in persons who *seem* to enjoy a tolerable degree of health; but all the weight of perhaps a limited experience goes to show the existence of some disease, either latent or developed, accompanied by either digestive or assimilative derangement. The hereditary character of the condition of the system which induces a formation of cystine is well established. By one observer it has been traced, with tolerable certainty, through three generations.

Cystine has never been detected in any other excretion than urine. But analogy would lead us to suspect its presence in the perspiration, whenever the state of the system is favorable to its elimination by the kidneys, for we know that the proportion of the solid matter in the perspiration varies from 5 to 12 parts in 1000. The greater part consists of organic matter, the larger proportion of which appears to be a protein-compound, in a state of incipient decomposition, and even pure urea itself has been detected.

Calculi of cystine are rarely met with. Their shape is usually an oval oblong. Their color is a tawny yellow, becoming green by age, and their consistence like that of wax, resembling stearine in appearance. The external surface is covered with smooth tubercles, or sharp crystaline projections, while the internal surface, when cut, is confusedly radiated, but not deposited in laminæ, and when broken exhibits a peculiarly refractive lustre. They never attain a very large size.

Therapeutical Indications.—Of these the present limited amount of our knowledge relative to the pathology of cystine compels us to speak with an indefiniteness which is greatly to be regretted. It has been so rarely detected, and even when it has been present and recognized, there has been wanting that minute, persistent analytical observation which is so requisite for satisfactory information. If our theory be correct, there must exist some unhealthy condition of the assimilative functions, and whenever this is detected, it of course must be corrected. The general health should be carefully attended to, and everything of either a mental or physical character which would have a tendency to interfere with it should be promptly removed. The diet should be full, generous, and nutritious, without being too rich; the clothing should be warm, with flannel next to the skin; sea-bathing should be recommended, in lieu of which the whole surface should be daily bathed in cold water, and a good reaction subsequently established by friction; the exercise should be just within the limits of fatigue, and the perfection of the digestive functions, as near as possible, completely maintained.

If it occur in a simply chlorotic patient, a mild cholagogue should, in addition to the preceding, be followed by full doses (℥ss. to ℥j.) of syr. ferri iodidi. If struma exists after due at-

tention to the proper action of the hepatic functions, the full force of our remedies should be directed to aid in its removal, or keep it in abeyance. Cod-liver oil, combined with vegetable or mineral tonics, should be freely administered, and every hygienic precaution observed. If the deposit do not readily disappear, attempts should be made to render the cystine in a state of solution while in the body, by the administration of nitro-hydrochloric acid, and thus, if possible, prevent the formation of calculus. All that we can do in the present state of our knowledge concerning this interesting substance is to meet the indications, as they severally present themselves to us, upon those sound principles of medicine which will never deceive us, and trust that with each new case additional information may be acquired, until we shall be able to refer its pathology to the action of certain known laws, and its treatment shall be as certain and as well known.

(*To be continued.*)

Operation for the Radical Cure of Oblique Inguinal Hernia after the Method of Dr. Agnew.

By Jas. E. Garretson, M. D.,
Of Philadelphia.

The drawing of an instrument, employed in Dr. Agnew's operation, given in the Reporter, of the 17th inst., suggests that notes of a case—the first, I believe, operated on after this method—might not be uninteresting.

The instrument, as therein described and figured, consists of two semi-cylinders of metal, three and a half inches long, joined as levers, and acting like the ordinary ear speculum. These cylinders are separable by means of a screw passing through the handles.

On the internal face of the lower cylinder are formed two parallel longitudinal grooves; these grooves are for the purpose of guiding the long, spear-pointed needle, represented in the drawing, and which pertain to the wire loop required in the operation. The whole apparatus is very simple, quite easily used, and perfectly reliable, at least so far as relates to the accomplishment of the operative end aimed at.

The patient in my case, Samuel T——, is a fine healthy lad, fourteen years of age. His hernia, which has existed twelve years, had become scrotal. Examination of the canal showed its diameter to be that of the index finger—a most favorable case for this mode of operation.

The operation, performed Nov. 1st, 1860, in presence of several medical gentlemen, was commenced by putting the patient under the influence of chloroform. Anæsthesia induced, he was brought to the foot of the bed, when I took occasion to satisfy those present of the oblique character of the descent. Then making sure of the freedom of the entire canal from intestine, the little finger was capped in the upper third of the scrotum, and thus invaginated into the inguinal canal. The instrument was now oiled and made to take the place of the finger.

This last procedure seems to me to require some caution, as I can readily see that the surgeon might deceive himself, passing the instrument between the integument and tendon of the external oblique muscle instead of into the canal; the fixedness of the instrument, however, would, I think, secure against such mistake. Having progressed thus far, the handles of the instrument were taken in charge by an assistant, and the blades opened by turning down the screw. The wire-threaded needle was now taken up and passed along one of the grooves, and thus out through the parietes of the abdomen. Next, the eye was unthreaded, thus allowing the withdrawal of the needle. The protruding end of wire was now taken up, and in like manner passed along and out of the second groove, thus securing a loop which was to hold in situ the invagination; this loop was then drawn up, and the ends tied over a roll of linen.

In passing the needle, some little care seems needed to prevent wounding the scrotum, which tends to fall somewhat over the grooves. Such an accident is avoided by inclining the point of the needle inward, as it passes along the director, taking great care, however, to restore it to the original position on reaching the end.

Previously to commencing the operation three curved needles had been threaded with the ordinary silk ligature; these were passed, one after the other, through the open blades at different points along the canal.

A suggestion of Dr. Agnew, that the long needle be used to pass these transverse threads will not, I think, be found practicable. It seems to me that they cannot be passed with it. This is certainly the most deceptive part of the operation, and in a very fleshy patient I would advise the surgeon first to satisfy himself as to the strength, length, and curve of his needles. That I succeeded in this case happily and easily, I attribute to having needles of just the

right curve. I am sure that without such, the thing will be found difficult to do.

The operation being completed, a compress was placed over the canal, and secured with the common spica of the groin. A pillow was placed under the nates. Pulv. opii. gr. ½, administered, and the boy handed over to the care of his nurse.

The bowels of the patient were kept closed until the 7th, when a dose of oil was given. On the 8th the first thread was removed; on the 9th, a second; on the 11th, the third. A few drops of pus followed the removal of this last.

On the 13th, the wire was removed, the parts remaining satisfactorily invaginated. On this day, in the absence of the nurse, the patient accidentally swallowed four three cent pieces, and exposed the parts to much danger by efforts which he made to eject a cent which had gotten impacted in his throat.

Nov. 23d. So far as the operation is concerned, it seems a complete success. With the exception of some slight tympanitis, the result, probably, of a too low diet, the boy has not had a single untoward symptom, nor has he made a single complaint during the twenty-three days during which I have thought it necessary to confine him to his bed.

Nov. 27th. The patient is now walking about, perfectly well. No truss is worn, as a compress and bandage seem entirely sufficient to support the parts until firm consolidation has taken place.

I shall, in a year, make a further report of the case.

Poisoning by Strychnia—Recovery.

By J. B. Dunlap, M. D.,
Of Norristown, Pa.

Miss S. R——, aged 24 years, a resident of Norristown, in consequence of a disappointment in a love affair, endeavored to "shuffle off this mortal coil" by swallowing, at one dose, four grains of strychnia. In about one hour after taking the dose she was seized with terrific tetanic spasms, that continued with but slight abatement until Dr. W. C. Rogers and myself, who were sent for, arrived at the house of the patient, some two hours after the poison had been taken. She was put immediately on the use of opium and camphor in large doses, and chloroform and ether were freely administered. Under this treatment she recovered. I will remark that the patient was kept under the influence of the anæsthetic for about five hours, the spasms returning during the first three hours whenever the remedy was discontinued. The Miss. was also pregnant, and, in spite of strychnia and spasms, still promises fair to carry the product of conception to full term.

Illustrations of Hospital Practice.

UNIVERSITY OF PENNSYLVANIA

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

EPILEPTIFORM CONVULSIONS IN A YOUNG BOY.

A little boy, eight years of age, has been subject to convulsions since he was three years old. The convulsions come on mostly at night, and, from the description given, they appear to be of a mild, epileptiform character, there being a good deal of flow of saliva from the mouth, but no foaming. He will sometimes utter a scream, and then the convulsion comes on; after it has passed away, he generally goes to sleep. When the attack comes on during the day, he falls unconscious. The convulsions will come on sometimes every day; then again there will be an intermission for a week or two, during which he will be perfectly free from them.

His relative states that he appears to be "light-headed," simple, and shows more or less impairment of intellect and memory—otherwise he is healthy; his appetite and his digestion are good; he has never received an injury.

The first point to examine into in such cases, is as to any hereditary tendency to epilepsy. It does not appear that there has been epilepsy in the family of this little boy; on the contrary, we are assured that no disease of this kind has existed. This is a highly important and favorable fact in the case; for, there being no hereditary tendency, we are disposed to look upon the case as one rather of epileptiform convulsions than epilepsy.

Now, these epileptiform convulsions generally, if not always, arise from some local irritation, which, reflected to the cerebro-spinal centres, causes the convulsive movements. Not unfrequently dentition is one of these local irritating causes; at other times the presence of intestinal worms gives rise to the convulsions. In adult persons, habitually intemperate, we have often epileptiform convulsions—not true epilepsy—arising from local irritation. On inquiry we find that the patient before us, at about the

time when the convulsions first occurred five years ago, had some diarrhœa, and passed worms in considerable number, which, from the description, we judge to have been lumbricoids. He continued to pass them occasionally up to a year or two ago, since which time, however, none have been passed.

It is, then, quite probable that the local irritation from worms gave rise to these convulsions in the first place, and that they have continued from the same cause. At any rate, it is rational to treat the patient upon this assumption until we find out to the contrary.

The best vermifuge which we can use in his case is the common worm-seed oil, the oleum chenopodii; it is, besides, a good tonic and antispasmodic. Pink-root is objectionable in this case, on account of its irritable effects upon the brain, by which we would fear to increase his epileptoid convulsions. Let him take eight drops of ol. chenop. three times a day for three days, after which a dessertspoonful of castor-oil, with twenty drops of turpentine, and see whether he passes any worms. Should none, however, exist, we will be obliged to treat the case on general principles, and would then advise as a remedy, which has been found very useful in such cases, the actea racemosa.

These epileptiform convulsions, although not fatal, are a dreadful disease. They may come on at any moment, and the patient requires to be constantly watched for fear of injuring himself. Where the disease occurs from local irritation in young children, by removing the cause in time, it may be arrested; but, when it has been allowed to run on for years, the repeated irritation of the brain may lead to organic change, and the disease may continue, though with less severity, after the cause of irritation has been removed. The impairment of the intellect in this case is an interesting and important phenomenon. Many cases of imbecility and insanity are traceable to these epileptiform convulsions in infancy and childhood, which, though first simply of a reflex character, by long continuance, finally lead to serious organic changes in the cerebrum.

INTERESTING CASE OF THORACIC DISEASE—RESULTS OF PLEURISY—DOUBTFUL PHYSICAL SIGNS.

This patient, a woman, 33 years of age, unmarried, came to the clinic for relief of some difficulty of her chest. She had been well until last spring, when she was attacked with pain in her side, and more or less cough and oppression of the chest.

On inspection, the lower part of right side is found to be somewhat bulging and more prominent than the left, and on measurement is found to exceed the latter at least one inch and a half. There is, on percussion, great dullness, and on auscultation the respiration is found to be feeble.

These signs leave no doubt that the patient has had pleurisy, and that there is considerable effusion in the right pleural cavity.

What is remarkable, however, are the physical signs present at the upper portion of the right lung. On percussion, both in front and behind, there is perfect flatness, while auscultation yields an intensely bronchial respiration, amounting behind to amphoric respiration to such a degree that we might at first be led to suppose the existence of a cavity. The patient, however, is not of tubercular diathesis; there is no hereditary tendency to phthisis in her family, and she has had none of the rational signs of pulmonary tuberculosis.

Here, then, we have a certain set of physical signs, which it is necessary to interpret; and it may be remarked that the correct interpretation of physical signs is often very difficult. We speak of the *rational* signs, in contradistinction to the *physical signs*, and yet it frequently requires a great deal more *reasoning* to interpret these latter, and to arrive at a conclusion, than with the former.

Now, in this case we have to account for the flatness and the intense bronchial, amphoric respiration over the right lung. There are two theories to explain these signs.

First. The lung, while being crowded up by the pleuritic effusion, there may have taken place extensive plastic adhesions at the apex of the lung, plastering it up, and producing the flat percussion sound by preventing its expansion, while, at the same time, the lung being healthy, but its vesicular portion more or less crowded together by the pressure from below and the firm adhesions above, this would produce the bronchial or amphoric respiration.

Second. These signs may be produced by the existence of miliary tubercles, with *intercurrent pneumonia*, leading to carnification of the lung. Intercurrent pneumonia in tubercles is frequently not accompanied by well-marked general symptoms, and even the local symptoms, such as expectoration, cough, are sometimes but slight.

The indications in this case are rather in favor of the first hypothesis. The entire absence of tubercular cachexia, the general good aspect of the patient, absence of fever, expectoration, and of cough, render it exceedingly improbable that it is a case of intercurrent pneumonia, and although it is rare to have such extensive adhesions so high up at the apex of the lung, the probabilities are that the first interpretation is the correct one. The lung thus being glued fast above, does not descend downward as much as it otherwise would, and this would account also for the extensive dullness and feeble respiratory murmur below.

Inclining to this view, though not excluding entirely the possibility of the first theory, the *treatment* should be directed to promote the

secretory functions and promote the absorption of the effused materials. For this purpose we shall order her

℞. Pulv. digitalis, gr. ss.
Pulv. scillæ, gr. iij.
Potassæ nitratis, gr. v.

three times a day, and iodine ointment to be applied freely to the side.

DYSPEPSIA.

The patient, a man about 36 to 40 years of age, has been suffering, as he states, from oppression for some time. It was at first supposed that he had some affection of his chest, but on careful examination it is found that there is no organic disease of the lungs or heart. There is no tubercular tendency in his family.

His case is one of dyspepsia. He has been conductor on a railroad for eight years, having very little active exercise. Before he assumed that occupation he enjoyed perfect health. Since then his appetite has become bad.

For four years he has been suffering from constipation, frequently going eight or nine days without an alvine evacuation.

Cases of this kind are very frequent, and it is by no means rare to see serious trouble arise from long-continued dyspepsia, interfering with assimilation, the proper nutrition of the body, inducing an impoverished state of the blood, and thus leading finally to tubercular disease.

Persons in the position of this patient, besides being naturally inclined to constipation on account of want of exercise, often neglect, at the proper time, to follow the demands of nature, and thus aggravate still more the difficulty. Nothing is more important than to pay attention to this. Even when there is no strict call of nature, by making a regular attempt every day, a man may, without any medication, get rid of constipation.

It is important, however, to bear in mind that simple constipation is different from chronic dyspepsia. The latter may depend on insufficiency of the hepatic, or the secretions of the intestinal mucous membrane, or upon want of tone of the muscular coat of the intestines.

Treatment.—The patient before us has been in the habit of taking saline purges. Nothing is worse in chronic dyspepsia. It relieves the constipation temporarily, but leaves the digestive powers weaker. He should, if possible, abandon his present rather confined occupation and resort to active out-door work. A gentle tonic and laxative pill will be of benefit.

℞. Extract. colocynth. co.
Pulv. rhei. ā ā ʒi.
Ol. carui. gtt. xv.
Ft. pil. No. xxx.

Of these let him take one, two or three times a day.

His diet should be simple, easily digestible. Very often stewed peaches, prunes, etc., are resorted to as articles of diet. From the very nature of their indigestibility and liability to ferment, they act as laxatives, but weaken the digestion, and hence do mischief at the same time that they afford, perhaps, temporary relief.

White mustard seed and bran, which act mechanically in stimulating the peristaltic action, may be resorted to with benefit.

ANEURISM OF AORTA.

The patient, a man about 56 years of age, with aneurism of the aorta, was at the clinic before, when digitalis was ordered. There is now less oppression, and a change for the better. He has some cough and more mucous secretion from the bronchi. His pulse is remarkably good; there is no œdema, and the tumor evidently does not yet encroach upon the posterior mediastinum.

His symptoms have recently improved, and there is hence some hope that consolidation may take place in the aneurismal sac. The tumor is smaller and the impulse less.

Recently, the digitalis has been omitted, and instead, he has been ordered the saturated tincture of aconite, which is also an excellect arterial sedative, and a good remedy to be used alternately with digitalis, in these cases. One drop four times a day, given in water, is sufficient, as the concentrated tincture is very powerful. The patient having used the aconite for awhile, we shall now again recur to the digitalis, and thus alternate, in the meantime regulating his diet and habits so as to avoid all excitement of the circulation.

TAPE-WORM.

A woman, 30 years of age, married. For four years her health has been bad, especially during the last year, feeling some pain in the chest, losing flesh, being costive, sleep, restless, becoming very nervous, the least thing alarming her. Since that time she has passed pieces of tape-worm repeatedly. The longest piece discharged, consisted of 150 links, some 6 to 8 feet. The last which she passed, from 4 to 5 feet long, came away after being put on the use of aromatic sulphuric acid, which Dr. Darrach prescribed for her. There is, however, no trace yet of the head of the parasite, and unless that is discharged, the case cannot be said to be cured.

In reference to the diagnosis of tape-worm, there are no positive symptoms of its existence, except the discharge of pieces of the worm. Emaciation and loss of appetite are almost always present. It is stated by some authors that an inordinate, often voracious appetite, is a chief symptom of tape-worm, but in Dr. Pepper's experience there has always been loss of

appetite after the disease has existed for any length of time. It is so in this case.

Treatment.—The patient has undergone a great variety of treatment. She has taken two teaspoonsful of the oil of turpentine. This is too small a dose. When this remedy is resorted to, it should be given in decided doses. I have given an ounce of it at one dose with the effect of expelling the parasite entirely. In such doses the remedy produces some cerebral disturbance, delirium, symptoms of intoxication, but these soon pass off.

Pumpkin seed is one of our most valuable remedies in this disease. When resorted to, it should also be used in large doses.

We shall in this case continue the aromatic sulphuric acid for a few days, and, if not successful, resort to pumpkin seeds.

CHRONIC BRONCHITIS—EMPHYSEMA.

Patient a young girl, 18 years of age, complains of difficulty of breathing, with which she has been troubled more or less, especially during the cold season, for ten years. She does not remember to have had scarlatina or measles.

When the attacks come on, during the winter, she gets very much out of breath, becomes blue in the face, is disturbed at night by cough, obliging her to sit up all night. There is a great deal of wheezy respiration; some expectoration.

On *auscultation* we have sonorous râles all over the lung, but on percussion there is perfect resonance throughout.

The sounds of the heart are somewhat feeble and distant.

There is no hereditary tendency to tuberculosis in her family. She has never spit blood. Had there been any tubercular tendency in this patient, it would, with this long-continued difficulty, have shown itself before this.

The case, then, is one of chronic bronchitis, complicated with permanent dilatation of the air-cells, constituting emphysema. The air-cells being dilated, and the lungs overlapping the heart to a greater extent than normally, this explains the feebleness and distance of the cardiac sounds.

Treatment.—The disease is too chronic to allow us to reduce the patient by bleeding, or tartar emetic. It is best to give here some remedy which favors the absorption of effused material and the reduction of the thickened bronchi and dilated air-cells. For this purpose, we shall order her three grains of iodide of potassium three times a day.

The following stimulating expectorant will also be of service:

℞. Syrup. senegæ, f℥ss.
Ammon. carb., ℥ss.
Aquæ, f℥iiss. M.

Of which she is to take half a tablespoonful three or four times a day.

She should keep up gentle irritation of the chest by turpentine liniment.

JEFFERSON MEDICAL COLLEGE.

Service of Prof. Gross.

INJURY OF THE BRAIN.

The patient is a man 38 years of age; his general health good. He presented himself at the clinic with strange feelings in his head, resulting, as he thinks, from an injury which he received on his head by a log passing over it, making a wound, and as his former physician thinks, a slight fracture of the skull on the top of the head; the wound, however, is healed. The patient sleeps well and has a good appetite, though his bowels are, at times, costive. He has not much headache, but a throbbing or beating through his head, with ringing in the ears, and an unnatural sensation in the back portion of his head and down the spine. His mind is sometimes confused, and these symptoms are all made worse on stooping. The pupils are natural, and no signs of paralysis are shown. There is a chronic inflammation of some part of the membranes of the brain, which, if not properly attended to, will produce bad results. The patient's diet should be restricted; he should be allowed no meats, nor anything that is stimulating; he should use no coffee nor tea, nor should he allow himself to be moved by any emotions. His bowels should move gently for three or four days, after which the antimonial and saline mixture should be given, and the head be wetted occasionally with a solution of opium and water. He should be confined to his room, and kept free from all excitements. Such cases are of much interest, and demand our careful attention. If they are neglected, the result would doubtless be death from chronic inflammation.

TRAUMATIC ERYSIPELAS RESULTING FROM A SURGICAL OPERATION.

The patient is a man about 30 years of age, and has been suffering from necrosis in different portions of his body for several years, particularly on the tibia. Three weeks ago he presented himself before the clinic on account of an ulcer on the tibia, the result of necrosed bone. The patient was placed under the influence of chloroform, when an incision was made down to the bone and the dead portions were scraped off. Two days after the operation there was a peculiar redness of the skin noticed, attended with pain, heat, and swelling; the pulse being frequent, bowels costive, and tongue coated; he was also occasionally affected with nausea, showing, evidently, a disordered condition of the digestive apparatus. This disease

may arise from very slight causes sometimes, particularly when it rages as an epidemic, such as a disordered condition of the digestive organs, or obstructed menstruation or perspiration.

Treatment.—The bowels should be regulated by a cathartic. He was ordered

R. Hydrarg. chlor. mite, gr. viij.
Ext. colocynth, co. gr. x.
Pulv. ipecac. gr. j. M.

If his sleep should be disturbed, he should have an anodyne powder,—Dover's, or sulphate of morphia. His diet was ordered to be light, but nutritious. The limb was ordered to be placed at rest in an easy posture, and painted with the dilute tinct. iodine; a flaxseed poultice, with a small quantity of sulphate of morphia is then to be applied.

RESULTS OF FORMER CASES.

Varicose Ulcer.—Operation perfectly successful; patient exhibited no bad symptoms. (See Reporter, Vol. V. p. 61.)

Popliteal Aneurism.—The patient has presented no untoward symptoms. The tumor has decreased about three inches in circumference and is perfectly solidified. (See Reporter, Vol. V. p. 169.)

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

(*Continued from page* 206.)

TUMORS OF THE CHOROID—EXTENSIVE DISEASE OF THE EYE—EXTIRPATION.

Dr. Noyes, of the Eye and Ear Infirmary, next exhibited an eye which he had extirpated about two weeks before. The patient, who was a young Polish Jew, had observed seven months previously that the sight of that eye was beginning to fail. It gradually faded away, and at the expiration of three months the eye was of no service to him whatever. On testing, there was found to be a very slight degree of vision remaining in it. No abnormal appearances were present about the organ—no congestion, no pain. The pupil was active, and the iris natural in color; but an unnatural hue was observable at the bottom, upon looking through the pupil. A tumor was diagnosed to be forming in the temporal side of the vitreous chamber, occupying two-thirds of the chamber, and situated either in the choroid or behind it. A tonic and alterative course of treatment was prescribed, but with no benefit. In three or four days he presented himself with general inflammation of the affected organ, which was thereupon extirpated.

A fibro-plastic tumor, 11-16 of a line in its long diameter, was found in the temporal region of the choroid, covered with its pigment, and developed from its stroma. Only one-fourth of the retina was in a normal condition, being pressed loosely over the tumor. The vitreous humor had been, to a great degree, absorbed. All the other parts were unchanged, save by the inflammation. The tumor, Dr. Noyes said, would probably have terminated in fungus hæmatodes. Its color was pink, without irridescence.

MULBERRY CALCULUS.

Prof. Metcalfe exhibited a small, extremely sharp, and angular mulberry calculus, passed by a gentleman 59 years old, who had been in good health until the summer of 1859. During that summer he was in Paris, confined to the house by an ailment the nature of which was not obvious to his attending physician. The most prominent symptoms then were very severe pains in the loins, and nausea. He returned home, remained in good health until last summer, when he was seized, while residing on Staten Island, with a chill, fever, headache, nausea, and severe pain in the loins. These phenomena recurred paroxysmally, and were treated by quinine. Improvement followed, but the patient did not recover his former state of health. The paroxysms continued to recur very regularly, at intervals of a week or fortnight, with precisely the same symptoms. The longest interval which occurred was one of a month. During these attacks the patient suffered agony which it was fearful even to behold. Calculus was suspected, and the urine watched. Nothing, however, was found. About a fortnight ago he had a very severe paroxysm. The urine was examined, but nothing abnormal detected—no oxalate of lime, though it was specially looked for.

One morning it was found that he had been passing blood. The urine was deeply turgid, the clothes smeared, and pure blood found oozing from the orifice of the urethra. All the powerful symptoms had disappeared. The patient stated that he had heard something drop into the vessel containing urine. That something, was found to be the calculus exhibited. Prof. Metcalfe remarked the paroxysms occurred so regularly, that they were thought to be of miasmatic origin. The patient had been residing in a miasmatic district, and he (Dr. M.) had known just such attacks occur from that cause.

DISEASE OF THE AORTA—RUPTURE—EFFUSION OF BLOOD INTO THE PERICARDIUM.

Dr. Finnell presented the heart, with appendages, of a woman 35 years old, who was well,

up to the morning of her death, and on that morning attended to her usual household duties until about nine o'clock. She then complained of an uneasy sensation in her chest, and while conversing with a friend suddenly fell over and expired.

A slit was found in the aorta, and an accumulation of blood in the pericardium. The artery was thinned in its whole calibre; somewhat dilated at the region of rupture, but apparently free from atheroma.

PURPURA—CEREBRAL HÆMORRHAGE—APOPLEXY.

Also, the cerebellum of a woman, 25 years old, who had complained since October of general debility and prostration. No one organ appeared to be specially at fault, and she looked pretty well. She was put to bed, given good diet, and seemed to be doing well. She called attention to a number of bluish spots scattered over her body. Stated she had received no injuries—her husband had not beaten her, but had not given her enough to eat. Purpura was diagnosed. One afternoon, while conversing with a friend, she suddenly fell dead.

One-half the right lobe of the liver was found intensely congested, the blood flowing freely on section. The other half was almost free from blood. The intestines were spotted, and effusion existed in the areolar tissue surrounding the kidneys. These phenomena were supposed to be due to the same cause as the spots on the skin. The lungs, heart, etc., were all perfectly normal.

Upon opening the skull, a general effusion of blood was found under the duramater. The left lobe of the cerebellum was found lacerated in its whole length, and a large amount of coagulated blood existing in this region. The intellect had remained perfectly clear to the last.

Dr. Finnell also exhibited a portion of an apoplectic brain. The patient, a woman, while at breakfast on the morning of her death, remarked to a friend that she saw "owls' eyes;" that this had occurred two or three times before, and that it annoyed her excessively. Her friends advised her to be bled, but she would not consent. She went up stairs as usual after breakfast, to do something in her bed room, and a servant going up soon afterward, found her lying dead.

An effusion of blood was found over both hemispheres and at the base of the brain, and clots in the lateral and third ventricles.

Prof. Metcalfe, after examining the aorta belonging to the first case detailed by Dr. Finnell, said it appeared atheromatous, and as if an aneurism had been in process of formation.

Dr. Clark, in reference to the second case, asked if there had been found any effusion in the neighborhood of the foramen magnum.

Dr. Finnell replied that a large amount of blood was found in that region.

Dr. Clark said that, in his opinion, attacks of apoplexy were often suddenly fatal from sudden paralysis of the respiratory nerves, the result of effusions in this region. He related a case in point of a woman just recovering from typhoid fever. She was walking about the ward, and said to a woman that she had not felt so well since the beginning of her sickness. The last word of the sentence had hardly been uttered when she fell dead. A copious effusion was found at the base of the brain, around the foramen magnum, and the commencement of the medulla oblongata. He recollected several other cases of a similar nature. He remarked that the case of cerebellar apoplexy, as related by Dr. Finnell, was a rare one.

In answer to a question, Dr. Finnell remarked that, in the case of cerebellar apoplexy detailed by him, there was, apparently, no softening or fatty degeneration of the brain substance.

SPECIMENS OF FRACTURES.

Dr. Conant presented some thigh bones, as specimens of the results of fracture of the femur treated without apparatus. They had been obtained from Paris. He stated that in Paris, and especially in the Hotel Dieu, in the service of M. Jobert, no apparatus was used. The patient was made comfortable, and the resulting deformity regarded as of no moment. He had been informed by a young American physician that, in a residence there of six months, he had not known a single case recover with less than an inch shortening.

He also exhibited the bones of an ununited fracture of the ulna, of a fracture of both bones of the fore-arm, with anchylosis of the elbow, and of one similar to the latter, complicated with necrosis.

He merely presented the bones as specimens, without giving the histories of the respective cases.

A member then presented a femur taken from a patient the day before. There had been fracture of the neck, with impaction; the trochanters had both been split off, and the trochanter major displaced. The patient, who was a woman 84 years old, fell on the floor about eight weeks ago, probably striking on the trochanter major. No physician was called in for a week, and when he first saw her, she was lying in a bed in which she had been passing her urine, and the odor and filth were disgusting. On removing her, the nates were found excoriated by the urine. There was an inch shortening. She was treated by the adhesive strap, cord and weight method for a week or two, after which no treatment was employed, save that directed to the amelioration of the extensive sloughing bed sores which then existed. These latter

were very distressing. She was supported as much as possible by a stimulating and nutritious diet.

It was, he said, a remarkable fact, that in this case bony union had taken place to a considerable extent. The patient was very old, had been infirm for years, and was being continually reduced by the irritation and suppuration of the sloughing bed sores.

The larynx of a woman was next shown, in which ulceration and necrosis of the cartilages had taken place, with vegetations. It had been necessary to make an opening in the trachea to permit of respiration.

The Society then went into executive session, and soon afterward adjourned. C.

EDITORIAL DEPARTMENT.

PERISCOPE.

TREATMENT OF SIMPLE FRACTURES BY THE STARCHED BANDAGE.

In the Clinical Records of a recent number of the London *Lancet* are the following judicious remarks on the treatment of fractures by the starch bandage:

The treatment of simple fractures of the extremities in the hospitals is now brought to a remarkably uniform system of an efficient but simple character, which leaves little to record or desire of novelty. There still exists, however, some difference in practice as to the application of starch bandages to the treatment of simple fractures. Occasionally we see this means employed within two or three days of the occurrence of the injury, in all ordinary cases of simple fracture of the lower extremities, including, with children, simple fracture of the thigh. Thus the period of confinement to bed is at once abridged to the narrow limits of two or three days, and the danger, tedium, inconvenience, and cost of protracted recumbence are avoided on behalf of the patient and the hospital—these cases so treated becoming outdoor patients very quickly. Elsewhere, the starch bandage is employed very little, or at a later stage in the treatment of the case, and thus the period of confinement is considerably prolonged; so that although the system of treatment by starch bandages is everywhere recognized and appreciated, it does not seem to be employed to the fullest extent.

The manner of applying the bandages does not vary greatly. Some surgeons surround the limb first with a layer of cotton wool; others find it sufficient to pad the osseous prominences only. When employed at an early stage of the fracture, it is necessary to apply moulded pasteboard splints between the starched bandages, or some other similar stiffening material. In a patient of Mr. Coulson, at St. Mary's Hospital, whom we lately saw, the subject of fracture of the fibula, he directed the application to be made thus:—The splints were removed, and the limb padded and bandaged. The bandaged surface was thickly painted with a preparation composed of equal parts of gum, chalk, and starch, which had been rubbed through a sieve to make it sufficiently fine. Mr. Coulson then caused successive perpendicular strips of bandage to be applied on the inside and outside of the leg. The limb was a second time bandaged, and a second time painted. The lad was made an out-patient, and has done well.

TYPHOID FEVER—RELAPSE.

Our readers will remember that a few months ago we reported (vol. iv. p. 451) a case of typhoid fever, occurring in the Pennsylvania Hospital, under the service of Dr. J. Forsyth Meigs, in which a relapse of the disease, during convalescence, was accompanied by a *second abundant crop of the rose-colored lenticular eruption*, characteristic of typhoid fever.

A similar case is recorded by Dr. Flint in the New Orleans *Medical News and Hospital Gazette* for November.

The patient, a young man, nineteen years of age, was dismissed, convalescent, on the eleventh day after admission, having had rose spots six days before.

Thirteen days after this he entered again, having been to work. He went through a second attack with the characteristic eruption.

Dr. Flint remarks, that in his experience a true relapse of typhoid fever, with a repetition of the eruption, is extremely unfrequent, he being able to recall but one case in addition to this one.

In all these cases, especially in the two reported by Dr. Flint, the patients were either dismissed or allowed to walk about as soon as convalescence set in, and before their system could possibly have been brought back to normal nutrition. We firmly believe with Dr. Meigs that too early exertion is the chief cause of relapse in typhoid fever, and that the attention of the physician should extend beyond convalescence, and the patient not be allowed to walk about, or exercise, until his digestive and assimilative powers have fully recovered.

ARSENIC IN CHINA.

The good effects of arsenic, as a general tonic, to which considerable attention has, of late, been directed by Continental observers, are apparent from a case of chorea, which occurred under the care of Dr. Willshire, in the Charing-Cross Hospital, and reported in the *Lancet*.

Arsenic, the report says, has never been found to fail in the hands of Dr. Begbie, of Edinburgh, after, it is stated, an experience of thirty years. A girl, eleven years of age, was admitted in the hospital, with symptoms of chorea existing for many months, and affecting the whole body. The disease arose from no apparent cause; she never had rheumatism, nor have her parents. Splints were applied to the arms, one at a time, and she took the liquor arsenicalis to the extent of from twelve to fourteen minims in the twenty-four hours. Under this treatment she completely recovered in four weeks. The fingers of each hand remained a little stiff for sometime on the removal of the splints, but they soon regained their natural powers.

PRESSURE AS A PREVENTIVE OF INFLAMMATION.

Dr. Cooper, of the San Francisco *Medical Press*, makes the following judicious remarks on this subject:

"We have long been in the habit of applying a roller, as tightly as the patient could bear, over the extremities, to prevent inflammation, in cases of operations for pseudarthrosis, exsections of bones, or accidental injuries.

"Not only can compression be relied upon to keep down inflammation before it is established, but painful parts are often relieved by it.

"Such is our confidence in the efficacy of pressure in preventing inflammation after injuries, that there are many operations we are constantly performing, successfully, that would not be attempted at all, were it not that we can anticipate and prevent inflammation by pressure, applied by means of rollers. Its reliability and efficiency render it invaluable.

"How can there be increased redness or swelling without an increase of blood in the parts? And if there is no swelling or flow of blood to the part, the heat and pain will be prevented. So that it is easy to perceive that, by preventing the blood from flowing into the part, we prevent the inflammation.

"Even after inflammation is established, pressure will often be found not only unirritating, when applied upon the arterial trunk supplying it, but directly to the part itself."

A SIMPLE SUBSTITUTE FOR LALLEMAND'S INSTRUMENT.

Dr. Porcher, of Charleston, introduces an ordinary catheter as far as the mouths of the seminal vesicles, and then pours into the extremity of the instrument a solution of the nitrate of silver.

A NEW SUGGESTION FOR THE RELIEF OF STRANGULATED HERNIA

Is made by Dr. S. Oliver in the *Lancet*. The abdominal muscles are to be relaxed by elevating the patient's chest and thighs while he lies on his back. The taxis is now resorted to while the assistant sinks his hands into the hypogastric region of the abdomen, and moves them upward toward the ribs.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 1, 1860.

A PLEA FOR BEARD.

The evidences of human progress are displayed in the reformation of abuses and the avoidance of accustomed errors, as well as in making discoveries, or in striking out new paths in the ways of science. One of these evidences, among the male part of humanity, at least, is the avoidance of those extreme caprices of fashion by which the beauty and simplicity of nature is substituted, and the human form disfigured. Men in enlightened nations no longer shave off their own hair and put on their heads the hair of another, and then dust it thickly over with white powder. The waist is no longer laced to an effeminate attenuation, and tinseled trappings and ruffles are seen no more. The distortion and disfigurement of nature is now left to the anthropophagist who tattoos his skin, to the celestial who produces an artificial talipes, and to the savage whose lip, ear, or nose is slit, or whose skull is flattened to his taste by compression.

Society is beginning to think that the designs of nature in the formation of the human body are with an object for our welfare, and most in accordance with true beauty and harmony.

In recent times, a single practice is the only interference with the evident designs of nature which customs of gentility tolerate. This is one of comparatively modern invention, and as an adopted habit, dates no more remotely than to the coronation of Louis XIII. of France, who ascended the throne at the age of nine years, and in adulation to whose beardless face his courtiers commenced the foppish practice of *shaving*. Since that time the fashion of closely shaving the face has, like other fashions, been repeatedly abandoned and revived.

A bearded cycle is now upon us. The razor

is becoming an obsolete instrument, and much of the barber's "occupation 's gone." We cannot determine whether this almost universal wearing of beard has been adopted as a mere caprice of fashion, a rational change in taste, a time and labor saving design suited to a fast age, or as an intelligent appreciation of its hygienic advantages.

Be it as it may, the practice has been for years gaining among the refined and intelligent classes all over the world, and much in every view of the matter can be claimed for it, whilst nought but the fogyish partiality for old usages can be argued against it.

The wearing of the entire beard has become general in Europe, and even the English, heretofore the most closely shaven of all nations, has at last adopted the "valenced" face.

Of beard as a fashion, or of its "formal cut," we are unconcerned, and care not whether the moustache be in imperial loyalty turned up and twisted at its points, or, in the style of the radical, turned obstinately down, but we desire to repeat some ascertained facts in the hygiene of beard.

Dr. Agnew says:—"There are many reasons for believing that the beard should not be removed. In cold localities it is an important defence. The skin of the cheek is delicate, and is underlaid by a network of both motor and sensory nerves of the fifth and seventh pairs, which are peculiarly impressible by the influence of low temperature. Almost every one has felt the stiff and paralyzed condition of the face when, unprotected, it has been exposed to the frosty air of a winter day, and also the chattering teeth. Both toothache and neuralgia have been entirely removed by allowing the beard to grow. So in warm situations, it serves as a defence against the irritating effects of the sun's rays, preventing tan, freckles, inflammation, and desquamation; thus it is very common to find boatmen, and those employed about the water, cultivate a luxuriant growth of beard to obviate these inconveniences.

"The moustache is well situated, not only to defend the lip, but to arrest and entangle particles of dust which would otherwise be drawn into the respiratory passages."

"Mr. Chadwick asserts, that travelers in Syria and Egypt suffer so much from the small particles of sand which fill the air, that they really find it necessary to delay the wilderness journey until their moustaches have grown. To all, therefore, whose occupations expose them to dust, such as threshers, millers, smiths, etc., the preservation of the growth will be useful."

The London *Lancet* has taken a decided stand in favor of bearded faces, and in an article censuring a military officer for enforcing the soldiers under his command to shave, makes the following proper remarks:—"Nature has ordained that the face of a man shall be protected in certain parts by a hairy covering. Be it for use, be it for ornament, or be it for both, there it is in the form of beard, moustachios, and whiskers. These constitute as necessary a structural appendage to a man as the mane to the horse and lion, the antlers to a stag, the horns to the ox, or the bristly whiskers to old grimalkin. The growth and perfection of these appendages are closely associated with strength, masculine power, and virility, and although often regarded as supplementary organs, they indubitably severally owe their origin to a *necessity* of the animal frame. With the facial hirsute appendages of man important authorities have fallen out. The former appear worse than useless to them; they are positive nuisances, so let them be abolished! Nature shall be corrected for the mistake she has made by witnessing her best-formed and strongest specimens of humanity rubbed well over with yellow soap every morning, and scraped with a razor. A red, glazy, pimply chin, raw nostrils, hoarse voice, sore throat, and feminine or 'lily-livered' appearance, shall henceforth grace the stalwart forms of our policemen and soldiers! We hope that science and common sense will come to the rescue, and not only let soldiers and policemen continue to wear upon their faces the natural covering they have been given, but induce wheezing, sneezing, sore-throated, shivering mortals, who have hitherto trembled more at the keen edge of a January air or March

wind than of a razor, to cease wasting their time at their ridiculous matutinal operation, and face their fellow-mortals like *men*. Bichat long ago asserted, that although numerous causes might exist to produce debility of the system in coincidence with the presence of beard, yet the general impression must be that there exists 'un certain rapport entre elle [la barbe] et les forces.' It is probable, says the great physiologist, that the muscular energy is, up to a certain point, connected with the beard, and that this energy always diminishes a little when a man deprives himself of that appendage. * * * * The well known traveler, Mr. St. John, says that Walter Savage Landor was a great sufferer from sore throat for many years of his life, and that he lost the morbid disposition only by following the advice of the surgeon of the Grand Duke of Tuscany, viz: to let his beard grow. According to Mr. Chadwick, the sappers and miners of the French army, who are remarkable for the size and beauty of their beards, enjoy a special immunity from bronchial affections. What can be more absurd than to compel men exposed to all kinds of climatorial severities and changes, as are soldiers and policemen, to rub a strong alkali daily upon their faces, and then scrape the latter over with a sharp instrument! * * * * * * * In our opinion, it would be a far more rational procedure upon the part of people in authority to compel those in their power to allow their hair to grow, than to make them shave it off. This much might, at any rate, be said in favor of the one, that it must be for the grower's own benefit, since he followed Nature; whilst all that could be legitimately adduced to support the other must be, that it pleased the commander's very queer fancy. As regards certain public servants, too, like soldiers and policemen, the right which we have to enforce a particular garb or uniform upon them, and the necessity which exists for so doing, do not extend to tattooing them, nor even to that simpler mutilation—shaving—which is akin to it, seeing that it entails the loss of an important structural appendage bestowed upon them by Nature."

Small-pox is prevailing in an obscure locality in the city. The Board of Health have taken active measures to prevent its spread.

MORTALITY OF CITIES.

A monthly summary from our corrected weekly mortality tables for the four weeks ending October 20 and 27, and November 3 and 10, for the three cities, Philadelphia, New York, and Baltimore, is as follows:

	Philadelphia.	New York.	Baltimore.
Total deaths	845	1,521	348
Males	440	788	157
Females	405	733	162
Sex not stated	...	...	29
United States	642	983	...
Foreign	178	536	...
Nativity unknown	25	2	...

The following is a summary of the most important zymotic diseases, and of the chief tubercular affections—consumption, marasmus, and hydrocephalus:—

Causes of Death.	Philadelphia. Whole number.	Philadelphia. Per cent.	New York. Whole number.	New York. Per cent.	Baltimore. Whole number.	Baltimore. Per cent.
Croup	21	2 1-2	60	3 9-10	23	6 6-10
Chol. Infantum	6	7-10	25	1 6-10	0	...
Diphtheria	59	7	30	2	1	3-10
Dysentery	2	1-4	18	1 1-5	3	9-10
Erysipelas	7	4-5	7	1-2	1	3-10
Typhoid Fever	15	1 3-4	26	1 7-10	8	2 3-10
Typhus Fever	2	1-4	26	1 7-10	0	...
Scarlet Fever	77	9 1-10	75	4 9-10	11	3 2-10
Whooping-Cough	1	1-10	13	9-10	7	2
Measles	2	1-4	4	1-4	2	6-10
Small-Pox	8	9-10	25	1 6-10	0	...
Consumption	95	11 1-4	211	13 9-10	55	15 8-10
Hydrocephalus	13	1 1-2	48	3 1-7	11	3 2-10
Marasmus	38	4 1-2	84	5 1-2	0	...

In reference to age we have the following:—

Ages.	Philadelphia. Whole number.	Philadelphia. Per cent	New York. Whole number.	New York. Per cent.	Baltimore. Whole number	Baltimore. Per cent.
Under 5 years	391	46 1-4	727	47 8-10	167	48
5 to 10 "	61	7 1-5	65	4 1-4	17	4 9-10
10 to 20 "	37	4 1-3	46	3	21	6
20 to 50 "	218	25 3-4	445	29 1-4	77	22 1-10
50 and over	138	16 1-3	228	15	63	18
Unknown	...	...	10	6-10	3	9-10

A dimunition of nearly 1 per cent. in the deaths under five years in Philadelphia and New York is here perceived, as compared with the previous four weeks. Baltimore presents 2-10 per cent. more. But both Baltimore and Philadelphia report the still-born; New York does not; hence the report appears more favorable to the latter city than is really the case.

There is nothing remarkable as regards zymotic diseases, except that scarlet fever and diphtheria are more prevalent in Philadelphia

than in either of the other cities. The percentage of these diseases is:—

Philadelphia	16	per cent.
New York	6 9-10	"
Baltimore	12	" "

The principal tubercular diseases present the following per-centage:—

Philadelphia	17¼	per cent.
New York	22½	"
Baltimore	19	"

In our next monthly resumé we shall be able to include New Orleans, and perhaps some other cities.

SPIRITUAL MÜNCHHAUSENISM.

Our readers will probably remember that we published, sometime ago, an account of Prof. Carnochan's sickness, *item*—a dissecting wound from which that eminent surgeon suffered severely. Very grave general symptoms supervened, and the gentleman had a narrow escape from the effects of a severe septicæmia. But he recovered; and so far, so good.

Not, however, "so far, so good," as far as concerns one L. Judd Pardee, who so signs himself, and his friend, one "Doctor" I. G. Atwood, 88 East Sixteenth street, both of New York. If there were a grand anniversary dinner of all the Münchhausens on this globe, and there were a dispute among the innumerable host as to who was most worthy to preside over that dinner, and, as might be expected, there were danger of breaking up in a row, and we were called in as impartial arbiter, we would place L. Judd Pardee at one end of the table and I. G. Atwood at the other, and feel comfortably sure that, give them a chance, they would be able to convince all assembled that none of them all ever told a lie in his life.

In order not to spoil the joke, we affix the following, extracted *verbatim et literatim* from a country newspaper, which a friend had the kindness to send to us:

"A Physician Healed by Spirits.—The following appeared in the *Daily Tribune* of August 14th:

"'Dr. Carnochan, who has recently suffered from an absorption of virus from a dead body which he was dissecting, is rapidly recovering, and though he will be deprived of the use of his hand and arm for some time, will eventually recover from the effect of the poison. It was feared that the disease had progressed so far, at one time, that he would have to undergo amputation to save his life.'

"The writer of the above paragraph was doubtless ignorant of this important and noteworthy fact, namely, that the gradual recovering of Dr. C. is due to the offices of a *healing medium*, Dr. I. G. Atwood, of 88 East Sixteenth street, of this city. I am personally informed of the particulars of this interesting and critical case, and am free to affirm that the eminent surgeon indicated, owes his life, I think, to the manipulations and magnetic healing force of Dr. Atwood. Friend A. was called in at the eleventh hour, so to speak, when all applied remedies had failed to arrest the disease, threatening mortification and death, and by simple manipulation alone, soon effected a change, and up to now a rapid recovery. I would remark that though friend Atwood was not called in ostensibly as a healing medium, (Dr. C. probably not recognizing such a branch of remedial institutionalism, though an acceptor of the uses of animal magnetism,) he himself attributes his power and success to his mediumship. I believe he is still in attendance upon the case, though he informs me the patient is rapidly convalescing, and may not in a day or two need further manipulative attention. I think this, Messrs. Editors, one of the most marked instances of the potency of a spiritual magnetic force imparted through and by a healing medium, and but goes to swell the list of *miraculous*, that is, *wonderful* things effected by a super mundane agency. By-and-by, it seems to me, healing mediumship will assume, as it will command, that rightful position of positive power and influence in the remedial institutions of the land now denied it.

"Yours truly, L. Judd Pardee.

"*New York City, August* 15, 1860."

We believe in "spiritual" treatment in cases of septicæmia, limited, however, to Spiritus Vini; and really we are glad—as L. J. P. informs us—that Dr. Carnochan probably does not recognize the magnetico-spiritual remedial "institutionalism."

The Spiritualists claim that their mediums are moved by "spirits," and that there are spirits of different kinds. If Münchhausen himself has not spoken through L. J. P. and I. G. A., it must have been one of his first cousins.

PHILADELPHIA HOSPITAL.

The Board of Guardians of this city has passed a resolution asking Councils for an appropriation of four thousand dollars for the purpose of erecting a new lecture-room and

Pathological Museum at the Philadelphia Hospital; and the Common Council will, we understand, undoubtedly grant the appropriation. This is a step in the right direction. Although the present lecture-room of the hospital is very ample, seating about a thousand persons, its location is too far removed from the main wards, rendering the transport of patients annoying and tedious, or interfering with other hospital arrangements.

The new lecture-room and museum will, probably, be erected near where the apothecary shop is at present, on the north side of the buildings, and thus will be of direct and easy access.

The clinical lectures in progress at this hospital continue to be attended by large numbers of students, and the comparatively empty benches at the Pennsylvania Hospital, show the doubtful propriety, at least, of the policy of its government in not making clinical teaching free to students.

Correspondence.

EUROPEAN CORRESPONDENCE.

Paris, November 15, 1860.

LEROY (D' ETIOLLES.)

Messrs. Editors:—You have, of course, learned from other sources the death of Leroy d' Étiolles, in August last. Leroy (d' Étiolles) was certainly a very remarkable man, and in him France lost another of those stars in medical science, who have thrown so much lustre upon medical science. I avail myself of an able discourse, delivered a few weeks ago, at a meeting of the *Société de Médicine du département de la Seine*, by Doctor Boys De Loury, to present to your readers the most prominent points in the history of his life.

Leroy was born at Etiolles, in 1798. When but sixteen years of age, he joined (in 1815,) the royalist volunteers in the Vendée; soon, however, he was forced to quit his bellicose position.

Commencing to study medicine at seventeen, he graduated at twenty-four; and he had scarcely done so, when his name became associated with one of the most useful and brilliant inventions of our art, in this century.

By some curious coincidence, three young physicians then labored, independent of each other, yet at the same time, at the discovery of lithotrity. While Amussat demonstrated the structure of the urethra, and called attention to the straight direction of this canal, by which Ambrose Paré had already been enabled to introduce a straight sound, Leroy presented to the Institute his three-branched forceps, with which the calculus could be seized in the bladder; and, finally, Civiale, with other instruments, making the first application on man.

Long lasted the debate before the Academy of Sciences in reference to the priority; the commission presented successively four reports, the last in 1831, on this important discovery. It is related that when Leroy first submitted his views on the matter to the venerable Boyer, the latter kindly advised him not to waste time in following such reveries. But the honest and wise professor did not, at a later period, disdain to call the young Leroy to his aid, whenever a case of calculus presented himself before him, and even the illustrious Dupuytren allowed himself to be guided by the lights of his intellect.

Leroy, having once opened his career in so brilliant a manner, kept on working; the diseases of the urethra, as well as the bladder were made the object of his study; dilators, the articulated curette, instruments to cut strictures, to carry caustic to any fixed point of the canal, he successively invented. His ardor also led him to contribute to other parts of science; animal electricity, observations on the contraction of muscular fibre, experiments on the transfusion of blood, the treatment of hydrocele by elecro-puncture, his great clinical and statistical researches on cancer, all show an arduous and indefatigable worker.

In discussion and debate Leroy was powerful, and if occasion called him forth, he was one of the most witty and sarcastic debaters in the French Academy. His sickness was a short one.

A NEW TREATMENT OF PHTHISIS.

Within one or two years we have had two new modes of treating phthisis, proposed. The first was by continued doses of sugar of lead. The last is more "*Frenchy*" yet.

It is nothing more nor less than tartar emetic in Rasorian doses, long continued. The author of this newest "cure" is Professor Foussagrives, of Brest, whom your correspondent wishes all manner of success, except *patients* upon whom to try his Rasorian method.

It is, however, but fair to state that he recommends this treatment only during the *febrile progress* of the disease, especially when there is a tendency to intercurrent pneumonia or bronchitis. The diet should be nutritious at the same time, in the highest degree, and he says that under these circumstances the antimonial has an action upon the general health of the patient decidedly similar to that of arsenic. *Credat Judæus*, etc., etc. You know the quotation.

To avoid vomiting and gastric and intestinal irritation, the tartar emetic is combined with opium and some aromatic water.

GENERAL ASSOCIATION OF THE PHYSICIANS OF FRANCE.

This, similar to the American Medical Association, is a delegated body, representing at present fifty-three local societies, comprising forty-six departments. Within the last year or two more interest has been manifested in its behalf than formerly, and it promises to become one of the most important medical societes on the Continent.

I had the fortune of being introduced by Dr. D—— at its opening session, held October 28th, when Mr. Rayer delivered the opening discourse, from which I give you an extract, leaving your readers to judge how much of it is applicable to our own American Medical Association:—

"The general association, by an indirect influence, controls medical instruction. It is this high and sure intellectual position which enables us to combat charlatanism, this deplorable and shameful parasite of medicine, without fear that this conduct will be attributed to professional interests alone. No doubt, these interests are worthy of all consideration, and our association has for its cause and for its aim the legitimate pecuniary objects which they inspire. But such is our connection with the public interests, that of the two—society and the medical body—it is of most importance to the former that we be vigilant. What are on one hand pecuniary losses, compared, on the other, with irreparable losses of health and life; and, in a general point of view, what is our grief to be abused and misunderstood, in comparison with the social sorrow, in seeing so many men of the higher classes, of those who ought to possess more reason and enlightenment, espouse the grossest errors, presented by cupidity, by ignorance, and false science!

"Yes! if the medical organization interposes itself between society and charlatanism, it performs a duty towards the former rather than exercising a right profitable to itself."

These sentiments were received by the society with unanimous applause.

SCHOOL OF MEDICINE.

Yesterday the regular winter course of the Faculty commenced. I give you the Faculty as it stands at present:

	Professors.
Medical Physics	Gavarret.
Medical Pathology	Natalis Guillott.
Operations and Appliances	Malgaigne.
Medical Chemistry	Wurtz.
Anatomy	Jarjavay.
Pathology and General Therapeutics	Andral.
Surgical Pathology	Denonvilliers.
Medical Clinic	Bouillaud.
	Piorry.
	Rostan.
	Trousseau.
Surgical Clinic	Laugier.
	Jobert.
	Velpeau.
	Nélaton.
Obstetric Clinic	P. Dubois.

Yours, IATROS.

THE NEW DEGREE.

———, *N. J., Nov. 26th*, 1860.

Messrs. Editors:—Last week's issue of the ever-welcome Reporter has been received, "and contents noted," as business men say in their correspondence. I was very glad to see that in the editorial department you again discuss the subject of a new title for our profession in this country. I have noticed with much satisfaction that this idea of a second title, one that shall be a standard for our *whole* country, is fast gaining friends. And why should it not? What have we to distinguish us from the illiterate quack, who has procured a diploma at a *chartered* institution, where ignorant or disappointed men, with foolish, impracticable, and uncalled-for ideas of "reform," speciously dole out illogical assumptions, based on false "principles," by the hour, and call it medical teaching?

"Doctor" is a generic title, applied by the public in common to the graduates of our most distinguished schools of medicine, and to those presumptuous men found in most communities, who, whether diplomaed or not, affect a knowledge of the human system in health or disease that they do not possess, and an adaptation of remedies to diseased conditions that they are utterly ignorant of. I was going to cite some instances, but it would be unnecessary, as all your readers are familiar with them.

Your article, if I understand it rightly, is intended to elicit discussion, and I desire, very briefly, to present a few thoughts suggested by it. Assuming that it would be proper to appoint Boards for the purpose of examining candidates for the new degree which the Reporter has so long advocated, you ask—"Who should appoint such Boards—the American Medical Association, or the State Societies?" It strikes me that if a Board should be appointed by each State Society, the whole plan would be a failure. The American Medical Association would, virtually, have no voice in the matter. Each State would have its own standard, and the only differenee between the present plan, and the proposed one, would be a transference of power from the colleges to the State societies. And this is an impracticability, as there is no autocrat by whose imperial edict the power can be transferred.

Instead of accomplishing any good, this plan would merely complicate matters. If there is any thing at all to give value to a new title and make it desirable, it is the idea of having it emanate directly from a *national* association, one in which fall parts of the country are, or may be, equally represented. I think it would be policy to have *as few Boards of Examiners as*

possible. *One* Board, if it were practicable, would be all-sufficient.

We have a type of what we need, in the examining Boards of the United States government, for examining candidates for medical appointment into the army and navy. Government has but one Board for each department, and they meet at prominent points in different sections of the country, for the purpose of examining such candidates as present themselves. It is well known, that comparatively few who present themselves before these Boards are accepted, and that the college diploma weighs nothing with them, except as evidences that the candidates have pursued a course of medical study. The graduates of no particular school take precedence over those of any other. Merit, learning, ability, and physical fitness are the only tests that are applied.

If it were practicable I would like to see *but one* Board of Examiners for the honors of the national degree in medicine. I believe that the New Jersey Resolutions called for one Board in each of the United States judicial districts—eight in all. They also accepted the examinations of the Army and Navy Boards. This provides for quite as many Boards as it would be judicious to have. These examiners should, in my opinion, receive their appointment *directly from the American Medical Association.* There are other points in this connection that might be profitably discussed, but I have already imposed a much longer letter on you than I intended.

A word as to the title. The alliteration of "M. A. M. A." may strike some as objectionable. But why more so than "M. R. C. S. L." or "E.," of our English friends? It is true those initials suggest something maternal, which, certainly, would not be at all out of the way if we were taught to look up to our national organization as the "mother of us all." At the last meeting of the American Medical Association, Dr Frank H. Hamilton, of Brooklyn, seemed to favor the appointment of one board of examiners, to be called the College of Physicians and Surgeons of the American Medical Association. The title of the examinees of such a Board would, I presume, be "M. C. P. S. A. M. A.," which certainly would be no improvement.

But, having occupied as much space as you can probably allow to one correspondent in one number, I must reserve any further observations to another occasion. Respectfully yours,

"M. A. M. A."

—o—

New York Ophthalmic School.—The Introductory Lecture to the ninth session of this Institution was delivered at the building, 63 Third Avenue, on Nov. 10, by Dr. Mark Stephenson.

The class promises to be larger than usual. The lectures will be continued during the winter and spring, with clinical instruction three times a week.

NEWS AND MISCELLANY.

Magnetic Light.—At the last meeting of the Academy of Natural Sciences, on Tuesday evening, Professor Rodgers, of the University of Pennsylvania, exhibited a series of beautiful and most successful experiments, based upon the great discoveries of the late Professor Hare, of the combustion of earths and metals under his compound oxy-hydrogen blowpipe.

Professor Rodgers took occasion to award to Dr. Hare those honors so justly his due, and which have been stolen from him in affixing the names of Lieut. Drummond, Mr. Bude, and others, to lights which should only be known as the "Hare light;" for to Professor Hare unquestionably and exclusively belongs the honor of the combustion of oxygen and hydrogen at their point of contact, and thus obtaining a degree of light and heat hitherto unknown. The experiments of Professor Rodgers were a demonstration of a still more intense light, obtained by bringing the poles of a strong galvanic battery in contact with a *small thread of mercury.*

There is, in this case, no combustion of the mercury, but the light is an incandescent light, and the very small stream of mercury which passes between the poles of the battery is caught in a receiver below, raised to the well of mercury above, and is thus used over and over again, *ad infinitum.*

Although the experiments were conducted on a limited scale, merely for demonstration, yet the light was so intense as to be painful to the eye, and in its presence the previously bright gaslights of the lecture-room were as dull and dim as candles.

It is proposed to apply this light—first discovered by our townsman, Dr. Hare, but which in England is called the Wade light—to the light-houses on the sea-coast; and, by means of reflectors, to light up the streets of cities, which could be made as light as day.

Professor Farraday is busily engaged in devising some means for its practical application, but we trust that honor will fall to the lot of our own talented and distinguished townsman, who presented us with this beautiful and brilliant demonstration on Tuesday evening.

A Pathological Museum at the Pennsylvania Hospital.—At a recent meeting of the Board of Managers of the Pennsylvania Hospital, a resolution was adopted instituting a Pathological Museum. A proper apartment has been appropriated for the purpose, and Dr. T. G. Morton has been appointed Curator.

This movement, in connection with a similar one at the Philadelphia Hospital, will, it is believed, be the inauguration of an important adjuvant to the facilities for medical instruction, and add to the many objects of scientific

interest in the city. The Pennsylvania Hospital is an excellent field for pathological study, and the material presented for its pursuit is abundant and varied. The intelligence and energy of the gentleman appointed to the curatorship will insure the proper accomplishment of the design.

Strange Fact in Natural History.—A few days ago, at some short distance from Newry, a rather singular and most astonishing coincidence took place, in connection with natural history, on the farm of a man named Brennan. It appears that upon the evening in question he had been expecting one of his cows to calve, and upon going out of his house to look at her he found that an ass which he had in his possession had foaled, and that its progeny was already dead. He immediately took the foal, over which the mother was giving vent to the tenderest feelings of her nature, and cast it into a pit. He then proceeded to a field adjoining the house, where he found the cow in a similar position, with a fine healthy looking calf at her feet. He drove the poor animal to the "byre," but in the meanwhile the ass had broken loose, and, wending its way to the field, had found the calf, which, when the owner returned, he was surprised to see suckled by the disappointed mother. The calf has since been reared by the ass with great solicitude and care, and for which it manifests feelings of sincere attachment.—*Irish Farmer's Gazette.*

Curious Death.—Two men in France took shelter in a barn for the night. In the morning one of them was found dead, with severe injury to the head. The comrade was at once arrested, and told some "cock and bull" story about the terrible storm of the night in question, and attributed his companion's death to the effect of a thunderbolt. He was not credited, and was in a fair way to be executed for the supposed crime. A scientific gentlemen, hearing of the circumstance, examined the place, and found a hole in the roof of the barn, and an ærolite close to the spot where the deceased had slept on the night in question. The innocence of the accused was at once considered as established, and he was released.

Lorgnettes at the Clinics.—Some of the medical students of this city have adopted an effective means of seeing the minutiæ of operations at the clinics, when compelled by the crowd to take seats in the upper part of the amphitheatres, at a distance from the patient. The ordinary opera-glass has been introduced for the purpose, which it appears to answer admirably.

Poison Oak.—Dr. C. A. Canfield, in a letter to the *Pacific Sentinel*, states that a certain cure for the poisoning of the *Rhus toxicondendron* is a decoction of the leaves of the *Grindelia hirsuta* and *robusta.*

DEATHS.

LAJUS.—Died in this city, on the 25th ult., Doctor D. P. Lajus, in the 45th year of his age.

OWEN.—Dr. David Dale Owen, the eminent geologist, died at New Harmony, Ind., on the 13th inst. He was a son of the celebrated Robert Owen, of New Lanark, Scotland, and a brother of the Hon. Robert Dale Owen, late American minister to Naples. The New Albany *Ledger* says:—"At the time of his death, Dr. Owen was State Geologist of Indiana, his life having been principally devoted to the study of geology and the kindred sciences. He made the first geological survey of Indiana, about the year 1838, and subsequently was appointed by the General Government to make a survey of the Northwest Territory. His report was published by the Government at great expense, and is one of the most valuable works of the kind ever given to the world. After completing this survey he was successively employed by the States of Kentucky, Arkansas, and Indiana, to make geological surveys, all of which had been completed, excepting the last named, which was still in progress. In his death Indiana has unquestionably lost her most eminent man of science, and one who will not probably be soon replaced. At New Harmony, Dr. Owen had a vast laboratory, where he was much employed in making experiments and testing earths and metals. He had the finest collection of geological specimens in the West, and one of the best in the country, a portion of which, if we are not mistaken, he presented to the State a few years ago."

COMMUNICATIONS RECEIVED.

Delaware—Dr. G. P. Norris. *Iowa*—Dr. E. J. Fountaine. *Indiana*—Dr. E. P. Glick, Dr. W. H. Simmons, (with encl.,) Dr. T. P. Bicknell. *Louisiana*—Dr. N. B. Benedict. *Massachusetts*—Dr. Buckingham. *Maryland*—Dr. W. S. Forwood, Dr. S. M. Harry, Dr. J. K. Berkebile, (with encl.) *New Jersey*—Mr. John Hulme, Dr. J. F. Sheppard, (with encl.,) Dr. G. H. Cline, (with encl.,) Dr. S. H. Kennedy, (with encl.,) Dr. E. Byington, (with encl.,) Dr. S. S. Clark, (with encl.) *New York*—Dr. Macnicholl, (5,) Dr. H. Jewitt, (with encl.,) Dr. J. R. Pratt, (with encl.,) Dr. H. F. Bennett, (with encl.,) Dr. R. R. Gregg, (with encl.) Dr. L. Shafer, (with encl.,) Dr. S. D. Willard, Bailliere Bros., Dr. C. (H. Covell, (with encl.,) Dr. F. Bond, Dr. C. S. Goff, Dr. W. R. Watson, Dr. E. S. Preston, (with encl.,) Dr. E. H. Hurd, (with encl.,) Dr. C. D. Budd, Dr. H. Bennett, (with encl.,) Dr. L. McKay, (with encl.,) Dr. J. F. Craig, (with encl.,) Dr. R. Andrews, (with encl.,) Dr. L. Fay, (with encl,) Dr. J. F. Baker, (with encl.,) Drs. O. P. and A. G. Clark, (with encl.,) Dr. J. Foran. *Ohio*—Mr. W. E. Chapman, Dr. J. H. Clark, (with encl.,) Dr. S. Lewis, (with encl.,) Dr. J. N. Vanmetre, (with encl.,) Dr. J. Gaskins, (with encl.,) Dr. B. F. Coates, (with encl.) *Pennsylvania*—Dr. J. B. Dunlap, (with encl.,) Dr. J. S. Musser, (with encl.,) Dr. J. McConaughy, Dr. E. Brobst, (with encl.,) Dr. J. A. Brobst, (with encl.,) Dr. A. J. Martin, (with encl.,) Drs. Keys and Whitsell, (with encl.,) Dr. C. H. Smith, Dr. J. Hay, (with encl.,) Dr. E. G. Martin, (with encl.,) Dr. S. B. Hartman, (with encl.,) Dr. R. H. Muth *Tennessee*—Dr. J. L. Davis, (with encl.) *Wisconsin*—Dr. C. L. Stoddard.

Office Payments.—Dr. R. A. Given, (Pa.,) Dr. T. J. Moore, A. G. Cross, Dr. H. R. Tilton. By Mr. Loraine: Dr. A. P. Tompkins, Dr. McGrath, Dr. Kennedy, Mr. Migeod, (adv.,) Dr. R. A. Given, (adv.)

MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 17, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	200	344	.....	130	71	.....	.....	20	.....	.....	86
Males	106	182	.....	68	.....	.....	.....	10	.....	.....	49
Females	94	162	.....	45	.....	.....	.....	10	.....	.....	37
Sex not stated	.....	.....	.....	17	.....	.....	.....	.....	.....	.....	.....
Whites	194	339	.....	90	.....	.....	.....	9	.....	.....	85
Black and colored	6	5	.....	25	.....	.....	.....	11	.....	.....	1
United States	157	222	.....	49	.....	.....	.....	18	.....	.....	.....
Foreign countries	30	122	.....	31	.....	.....	.....	2	.....	.....	.....
Nativity unknown	13	.....	.....	50	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	103	154	.....	47	31	.....	.....	5	.....	.....	43
5 to 10 years	17	17	.....	3	4	.....	.....	1	.....	.....	
10 to 20 "	12	12	.....	5		.....	.....	2	.....	.....	
20 to 50 "	41	115	.....	42	36	.....	.....	7	.....	.....	43
50 and over	27	46	.....	21		.....	.....	5	.....	.....	
Unknown	.....	.....	.....	12	.....	.....	.....	.....	.....	.....	
Causes of Death. *Zymotic Diseases.*											
Croup	10	9	.....	1	3	.....	.....	.....	.....	.....	4
Cholera Infantum	.....	2	.....	2	.....	.....	.....	1	.....	.....	1
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	2	2	.....	7	.....	.....	.....	.....	.....	.....	.....
Diphtheria	11	15	.....	2	.....	.....	.....	.....	.....	.....	2
Dysentery	1	5	.....	3	.....	.....	.....	1	.....	.....	3
Erysipelas	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	.....	1	.....	1	.....	.....	.....	.....	.....	.....	1
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	1
" typhoid	6	7	.....	5	2	.....	.....	3	.....	.....	4
" typhus	.....	6	.....	.....	.....	.....	.....	1	.....	.....	.....
" scarlet	19	13	.....	3	9	.....	.....	.....	.....	.....	2
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	2	.....	2	.....	.....	.....	.....	.....	.....	2
Measles	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	3	.....	1	3	.....	.....	.....	.....	.....	.....
Congestion of Lungs	1	7	.....	.....	1	.....	.....	.....	.....	.....	.....
Consumption	26	55	.....	20	8	.....	.....	3	.....	.....	13
Pneumonia	6	18	.....	5	4	.....	.....	.....	.....	.....	10
Hemorrhage from Lungs	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Pleurisy	.....	1	.....	.....	2	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	5	2	.....	2	1	.....	.....	1	.....	.....	2
Convulsions	10	21	.....	9	1	.....	.....	1	.....	.....	9
Congestion of Brain	2	10	.....	3	1	.....	.....	.....	.....	.....	2
Disease of Brain	1	.....	.....	3	.....	.....	.....	.....	.....	.....	.....
Delirium Tremens	1	1	.....	1	.....	.....	.....	.....	.....	.....	1
Epilepsy	.....	1	.....	.....	1	.....	.....	.....	.....	.....	1
Hydrocephalus	4	10	.....	.....	4	.....	.....	1	.....	.....	.....
Inflammation of Brain	7	8	.....	5	2	.....	.....	.....	.....	.....	1
Paralysis	1	8	.....	1	.....	.....	.....	.....	.....	.....	.....
Tetanus	.....	3	.....	5	.....	.....	.....	2	.....	.....	1
Circulatary System.											
Aneurism	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	4	.....	.....	3	.....	.....	.....	2	.....	.....	2
Phlebitis	.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	3	.....	1	2	.....	.....	.....	.....	.....	.....
Gastritis	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	2
Hepatitis	1	2	.....	.....	.....	.....	.....	1	.....	.....	.....
Inflammation of Throat,	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	5	6	.....	6	2	.....	.....	.....	.....	.....	.....
Marasmus	8	26	.....	8	2	.....	.....	.....	.....	.....	4
Peritonitis	2	.....	.....	3	.....	.....	.....	1	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	9	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	2	4	.....	.....	2	.....	.....	.....	.....	.....	.....
Dropsy	2	8	.....	2	3	.....	.....	.....	.....	.....	5
Debility, etc	9	7	.....	.....	.....	.....	.....	.....	.....	.....	2
Fever	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Scrofula	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	3	.....	.....	.....	.....	.....	.....
Fever	.....	5	.....	.....	.....	.....	.....	1	.....	.....	.....
Diseased Womb	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
External Causes.											
Accidents	4	16	.....	1	2	.....	.....	.....	.....	.....	2
Poisoning	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Suicide	3	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	17	.....	.....	6	.....	.....	.....	.....	.....	.....	2
All other causes	16	20	.....	14	11	.....	.....	4	.....	.....	8

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 216. } PHILADELPHIA, DECEMBER 8, 1860. { NEW SERIES, VOL. V. NO. 10.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Entomology Pins versus Metallic and Other Sutures.

By John Swinburne, M. D.,
Of Albany, N. Y.

This heading will sufficiently explain the intention of this paper. I shall, therefore, make no apology for presenting my humble experience in the use of the *pin* as a universal substitute for all other forms of suture when applied to the external surface of the body, not even excepting the metallic thread. These also produce no irritation of the tissues, and consequently do not interfere with the process of union, though introduced at intervals no greater than a quarter of an inch.

The introduction of small entomology pins is attended with but little pain in comparison with that produced by the passage of a needle and thread. The points are so carefully prepared, and the instrument so perfect, that patients declare the pain to be much less than that accompanying the drawing through of the thread even after the needle has perforated the skin.

By the use of these pins, the edges of a wound can be approximated in the nicest possible manner by means of the thread as used in ordinary hare-lip operations, so that union by the first intention is more sure to follow than in any case of simple, interrupted, or even quilled sutures. This pin, from its slenderness and pliancy, will bend and accommodate itself to the parts, thus doing away with the chief objection to the use of the stiff, common pin. In localities where the skin is very strong and thick, as in the palms of the hands, soles of the feet, etc., the pin need only pierce through the scarf skin.

It can be removed at an early period, even as soon as twenty-four hours after the operation, or, on the contrary, like the silver wire, it may be allowed to remain in the tissue for many days without corroding.

The thread with which the pins are encircled, when saturated with blood and dried into a scab-like crust, is very often sufficient of itself to hold the parts in apposition, even after the pins are withdrawn, until perfect union is effected.

The pins which I am in the habit of using are sold by C. F. and A. Henrichs, No. 150 Broadway, New York. They vary in sizes, as 3-16, 4-16, 7-16, 7-18, and 8-18, and are suitable for any dressing from hare-lip to the thinnest mucous membranes. The sizes marked 7-18 and 8-18 are excellently adapted to hare-lip, while 3-16, 4-16, and 7-16 are more suitable for the skin.

It is proper to say a word of caution in relation to the introduction of these pins, for, as they vary in length from $1\frac{1}{4}$ to $1\frac{5}{8}$ inches, and are uniform in size and very slender, they cannot be used as the common stiff pin; for, if held at any great distance from the point, they will inevitably bend and double together. Therefore it must be grasped near the point by a strong pair of forceps, and thrust through the skin of one side, and thence through the opposite one, the forceps being moved along as may be necessary, care being taken to keep that portion of the pin between the forceps and the flesh so short as to prevent its bending. The operation is materially facilitated by the use of a second pair of forceps armed with teeth, *i. e.* an artery forceps, with which to pick up and hold the skin steady during the passage of the pin. When they are all introduced, the thread is adjusted until perfect apposition is effected, and then the points may be snipped off with a pair of scissors.

The advantages of this dressing are particularly manifest when applied to the face and

head, obviating the necessity of adhesive plaster and similar appliances, and obtaining the most perfect approximation without special fear of erysipelas, unseemly cicatrices, or, in scalp-wounds, the sacrifice of hair.

Let any one having doubts on this subject inquire how often the operation for hare-lip fails where the pin suture is used, and he will find that few cases are unsuccessful. Why not then apply the same method to cuts and wounds about the head, face, and body?

In cases where the wound presents ragged, bruised, or uneven edges, it is only necessary to pare them with a sharp knife or scissors, and carefully adjust them with the pins and threads, when the success will be as perfect as if the wound had been originally a clean incision. For my own part, I am in the habit of using this dressing for every operation where it is important or desirable to obtain union by first intention, such as amputations of limbs, tumors, etc.; in fact, wherever the thread suture is applicable, the pin is equally so; in fact, in consequence of its non-irritating character, I am in the habit of applying it where I should deem it imprudent to insert a thread.

I feel that I shall not be considered extravagant in thus dilating upon the superiority of this form of metallic suture over any other. I have used the silver wire a long time, and believe that the encomia passed upon it are deserved; but that it is, on the whole, unequal in value to, and not so worthy of employment, as the pin, will be evident from a tabular comparison:—

SILVER WIRE.

1. Expensive and difficult to obtain.
2. Pain and difficulty in introducing.
3. Danger of tearing soft and tender skin in the process of twisting.
4. The interstices between the sutures have to be supplied by adhesive plaster, etc.

PIN SUTURE.

1. Cheap: 75 cents per thousand.
2. Less painful and easily introduced.
3. The most delicate skin is in no danger of being lacerated.
4. The edges of the wound are completely covered by the thread through its whole extent.

A fine article of forceps for holding the pins is furnished by James Martin, of this city. That portion which holds the pin is only about three-quarters of an inch in length, and is, moreover, furnished with cutting edges near the joint (not unlike the bullet-molds of revolutionary notoriety) for the purpose of clipping off the ends of the pins.

So convinced am I of the advantage of the pin thus used, that a pair of pin-forceps, several sizes of pins, some thread and some silk plaster, constitute the only appliances in my pocket case as substitutes for needles, thread, and adhesive plaster. After one year's constant experience with the pins, I should be loth to resume the use of the old suture.

Singular Appearance of a Corpse after death from Hanging.

By C. H. Smith, M. D.,
Of Pottsville, Pa.

The following case of strangulation, or death from hanging, presents so many variations from the general appearance of bodies after death in that form, that I have concluded, if you should deem it sufficiently interesting, to offer it to the medical public.

I was called, on the 27th October, to make a post mortem examination, before a coroner's jury, on the body of Perthenia Woodin, wife of David Woodin. I was assisted by Dr. Glidden and Dr. Evans.

The deceased was missing at about 4 o'clock on the afternoon of the 25th. Search was instituted, and the body found about half-past six o'clock the next morning, in one of the unfrequented rooms of the house, suspended by a cord about three-eighths of an inch in diameter, which was let down through the stove pipe thimble. Her feet rested on the floor, and knees partially bent.

We found the body lying on a bed where it had been placed the previous morning.

The countenance presented a calm and natural appearance; eyes nearly closed; mouth closed; no swelling of the tongue. The turgid appearance of the face and injected conjunctiva were wanting. The cord had sunk deep into the tissues of the neck, between the os hyoides and thyroid cartilage. The knot, which was of the slipping noose form, was under the occiput. The mark on the skin, under the cord, was of a brown, parchment color. After cutting through this it next presented a dry, white, silvery appearance, with no ecchymosis under the cord. A small quantity of froth had issued from her mouth. There was no dislocation of the vertebra. Lungs were somewhat distended. The

arms were tied within about 16 inches of each other by a cord drawn quite tight around the arms midway between the elbow and wrist. Hands were open. A slight extravasation of blood was found an inch below the cord on the neck. No marks of violence were discovered; neither were there evidences of poisoning.

The urine and fœces had not been voided. The brain was not examined.

The woman was quite small, weighing about 100 lbs.; spare neck; aged about fifty-two years; of a nervous temperament; with but little blood.

Had probably been dead about forty hours when we first saw the body.

After having found the above-described appearance, the question of suicide or homicide arose in our minds; or, in other words, was this woman hung before or after death?

The evidence of Drs. Glidden, Evans, and myself was, that we found no other cause sufficient to produce death, but by hanging.

Death by Hanging and Strangulation.

By C. F. J. Lehlbach, M. D.

Referring to the account of a case of death by hanging, in the preceding article, we take this opportunity of making few remarks on some of the medico-legal points of death by hanging.

The entirely negative appearances after death, in this case, seem to have struck the gentlemen who conducted the post-mortem examination. Those who expect, following the current ideas as laid down in our standard treatises and text-books, to find, as a general rule, in cases of death by hanging, well-marked, striking, and peculiar evidences of such death, will, as a general rule, be mistaken.

We had occasion, about two years ago, to make a post-mortem examination, by request of the Coroner, in conjunction with another medical gentleman, of a woman who had committed suicide by hanging, in a manner almost precisely similar to that reported by Dr. Smith. The examination was made within three hours after death, and thus an excellent opportunity offered to see the recent appearances. With the exception of the impression of the cord, and a corresponding discoloration of the skin around the neck, no appearances, either in the thoracic cavity or in the brain, would have led any one to suppose violent death. The face was rather pale; there was no injection of the conjunctiva, and the vessels of the brain were almost normal, regarding the quantity of blood found in them. The lungs were but slightly, if at all, congested, and the amount of frothy mucus in the trachea and bronchi was trifling.

It is, however, to the distinction of homicidal strangulation and suicidal hanging that we wish to allude more particularly. To distinguish between them is often a matter of grave importance, and though in both instances death takes place by stoppage of the respiration, yet the peculiarities in which that respiration is brought about, lead to very decided differences and peculiarities in the cadaver.

Unfortunately these terms—strangulation and hanging—have been much confounded. It is only recently that the subject has been set in its proper light, and we are indebted to Tardieu,* the eminent medical jurist of France, for a clear exposition thereof.

Referring to Prof. Dunglison's dictionary, we find—"Strangulation. In *legal medicine*, it means the forcible obstruction of the air passages, by a ligature or by the hand, for criminal purposes. See Suffocation."

And "Suffocation, etc. Death, or suspended animation from impeded respiration, whether caused by the *inhalation of noxious gases*, *drowning*, *hanging*, *strangling*, or *smothering*. The principal morbid appearances in such cases are: the lungs of a deep-blue color, with the blood extravasated in the air cells; right auricle and ventricle filled with dark blood, as well as the neighboring veins; lividity of the countenance, turgescence, and perhaps rupture of the vessels of the brain."

From what has just been quoted, it might be inferred that the appearances, thus mentioned, are generally found to be present in the various forms of suffocation, such as hanging and strangulation. Yet this is not by any means the fact. In the case related by Dr. Smith, the countenance was pale instead of livid; so it was in our own case, above alluded to. There was in the latter, also, no marked turgescence of the cerebral vessels, and the lungs appeared almost natural. In Vol. III., p. 405, of the Reporter, in a medico-legal review of the case of Patrick Maude, the post-mortem examination of Maude, five hours after his execution, is given, opening with the following words: "The face was *pale*, not echymosed nor congested."

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* Étude Medico-Légale, sur la Strangulation, per le Dr. Ambroise Tardieu, Professor agégé, etc. Paris, 1859.

We might continue similar observations to show that the commonly received doctrines of the characteristic appearances after death by suffocation do not apply to hanging, and that in a medico-legal point of view, it is faulty to classify hanging, drowning, strangulation, etc., as mere variations of suffocation, and as presenting peculiar, characteristic appearances in common; and we are the more strenuous in advocating these views, when we can call to our aid authority so high and reliable as Dr. Tardieu.

Indeed, from the physiological manner in which life, in each of these forms of death, is rendered extinct, we should, *a priori*, expect different appearances after death.

The first point to be taken in consideration in death from stoppage of the respiration, is the fact now established by the investigations of Professor Dalton, of New York, that death, under these circumstances, takes place from paralysis of the heart, in consequence of overdistension of its muscular fibres, and that, contrary to the generally accepted theory, *even when the respiration ceases, the pulmonary circulation is continued, as before.* Blood passes from the pulmonary capillaries into the pulmonary veins as before, and thence through the left auricle into the ventricle, to be distributed over the body But this blood is unaërated, and on this account rendered unfit to circulate in the capillaries of the tissues, stagnates. The pulmonary circulation still continuing, and the heart still contracting and sending venous blood into the arteries, the stagnation in the systemic capillaries produces a backward pressure, first upon the arteries, next upon the aorta, next upon the left ventricle, etc., until at last the cardiac muscular fibres reach a degree of distension which results in paralysis. Thus death actually begins first in the capillaries of the body, where the blood stagnates, and NOT in the pulmonary capillaries, as has been generally supposed, and as is taught in the text-books.

These facts at once show us why congestion of the venous system, which, according to the prevailing theory, should be universally found in all species of suffocation, is so generally not found, and why, instead of lividity of countenance, turgidity of the cerebral vessels, engorgement of the lungs and fullness of the large venous trunks, we find the latter comparatively empty, the lungs often natural, the brain free from turgidity, and the face pale.

It is curious that physiologists and surgeons should not have found out the error of the prevailing theory of the arrest of the pulmonary circulation, as one of the immediate effects of stoppage of the respiration, until Prof. Dalton called attention to it. In cases of tracheotomy, when performed *in extremis*, with great dyspnœa, it is known to surgeons that the blood, *jetting per saltum* from any divided small arteries, is black, like that from the veins; and any one may readily make the experiment of suspending the respiration in a dog, the heart continuing to act for a little while, when, very shortly after suspension of respiration, on dividing the femoral artery, the blood jetting from it will be found as black as that in the veins. How did the black, venous blood get there? There is but one possible route—through the aorta from the left ventricle, from the left auricle, from the pulmonary veins from the pulmonary capillaries.

Again, why the throbbing, the distension of the carotid arteries in partial or complete suspension of the respiration? Does this indicate a smaller or a larger amount of pressure in the arteries, and a larger or smaller amount of blood in the arterial system, from the left side of the heart upward and downward toward the periphery? Certainly a greater pressure and a larger amount of blood. But how are these facts to be reconciled with the old theory of arrest of pulmonary circulation, and stoppage, of course, of the flow of blood from the pulmonary veins to the left auricle, ventricle, and the arteries?

Want of oxygen, immersion under water, mechanical obstruction, or constriction of the air passages—in short, stoppage of the respiration having been considered, until of late, to lead at once to an arrest of the pulmonary circulation, the following was the *theoretical* order of phenomena:

The heart, still impelling the blood into the lungs, but capillary circulation there being interrupted, we were to have engorgement of the lungs. This was error number one.

The heart continuing to act, but unable to send the venous blood through the lungs, on account of the hypothetical interruption of the pulmonary circulation, we were to have, as a matter of course, distension of the right side of the heart, and a corresponding engorgement of the large venous trunks, followed by an adequate turgidity of the veins throughout the body, especially of the brain, leading even to rupture. This was error number two.

Third in the series of hypothetical phenomena, the return of blood from the lungs to

the heart being arrested, we were to have the left side of the heart comparatively empty. This was error number three.

What we have said thus far will sufficiently show that, in regard to death from stoppage of the respiration, we must disabuse ourselves, firstly, from the old idea of venous engorgement about the thorax, neck, and head, as the immediate result of arrested respiration, and thus we are prepared to pass on to a consideration of the characteristics of death by the various modes in which the respiration may be arrested.

A not unfrequent form of violent death in infants is pressure during sleep when overlain in bed by adults. Three or four such cases have fallen under our notice. The pressure in these cases is generally upon the chest and upper part of the abdomen, interfering with the action of the diaphragm, or upon the mouth and nostrils by pillows, etc. In only one of these cases did the countenance present any approach to lividity, while in the rest it was pale; nor was there any injection of the conjunctiva. The appearances in two of these cases, in which autopsies were made, presented nothing very striking.

In one case of an infant, some nine months old, which was suffocated while the mother walked with it in the street, too tightly wrapped up in a shawl, and where the autopsy was made not many hours after death, nothing remarkable could be found in the way of vascular engorgement, ecchymoses, venous congestion. The only thing apparently abnormal was an unusually large *thyroid body*, extending far down into the chest almost to a level with the apex of the heart.

Again, in cases of *atelectasis pulmonum*, where death, too, takes place essentially from stoppage of the respiration, there is generally not much lividity of countenance or cerebral turgidity.

For the practical purposes of the medical jurist, death from stoppage of the respiration may be divided into *accidental*, *homicidal*, and *suicidal*.

Accidental death from stoppage of the respiration is most frequently produced by drowning, noxious gases, and in infants during sleep. The concomitant circumstances always aid more or less in the formation of an opinion in such cases; and the physician is justified not only, but it must be considered his duty, in medico-legal inquiries, to view all the circumstances and pay attention to all the surroundings of a case.

Homicidal death by stoppage of the respiration may be caused directly or indirectly: indirectly by throwing the victim into water, etc.—*directly* by *strangulation*.

What is strangulation? By the definition quoted from Dunglison, we have shown that this author considers suffocation as a generic synonym for hanging, strangulation, drowning, etc.

That these terms have really been considered synonyms, is evident from the general appearances which are given by Dr. Dunglison as characteristic, and yet which experience has shown to be neither general nor characteristic of all.

"Strangulation, medico-legally considered," says Tardieu, "is an act of violence, which consists in a direct constriction around or in the front of the neck, and having for its object, in preventing the passage of air, to suspend quickly and forcibly respiration and life."

It is distinguished from hanging that, in the latter, it is the weight of the body, or a part of its weight, which exercises sufficient traction upon a cord, ribbon, etc., around the neck, to interrupt the entrance of air and the course of the blood. The former is generally the result of homicide; the latter, of suicide.

Now, how is strangulation to be distinguished from hanging? It is, perhaps, best to annex the characteristic post-mortem appearances of both in a schedule:—

STRANGULATION.	HANGING.
The *countenance* generally tumefied, violet, and marbled. (Only exceptionally pale when the victim has been very enfeebled—the attack violent and not much resistance, as in children.)	Countenance generally natural, or rather pale, and no tumefaction.
Tongue ordinarily prominent, fixed between the teeth or behind the dental arches.	*Tongue* not often protruding.
In the *nares*, not unfrequently spumous blood is found accumulated.	Very rarely spumous blood in the *nares*.
The *most constant sign* is the formation of very numerous and small ecchymoses on the face, the conjunctiva, and the	Generally no punctated redness on the face, conjunctiva, and chest.

STRANGULATION.	HANGING.
chest. All these parts present a punctated redness, giving them a sufficiently, not, however, absolutely, characteristic aspect. (Tardieu.)	
Traces of the constricting cause upon the skin of the neck. 1. Of the hand, fingers, or finger nails. 2. If the person has been strangled by a cord, the impression left is generally feeble, does not form a perfect circle around the neck, does not present the *parchment* appearance, as in cases of hanging.	In *hanging*, the impression of the cord is most generally well marked. The skin is hard, presents an appearance like parchment, and the circle around the neck is complete or nearly so.
Fractures of the thyroid and cricoid cartilages, and dislocation of os hyoides; but very rare.	Rarely, as in strangulation.
Internal aspect of the larynx and trachea often congested, of a uniform redness, sometimes violet—more or less *froth* almost always present, very fine, and sometimes extending into the bronchi; generally bloody.	No considerable congestion and redness of larynx and trachea;—froth not very generally present; rarely bloody.
Lungs very variable; more or less congested, of a *rose* color, (Tardieu;) sometimes strongly congested — sometimes normal as regards the amount of blood. But, besides these general appearances, there are *other and more characteristic lesions in the lungs.*	Nothing constant; natural in appearance as often as not.
Rupture of the more superficial air-vesicles, whence more or less extensive emphysema. "These ruptures of the air-vesicles *are almost never absent;* they are multiple—sometimes isolated—oftener united in groups — giving a very remarkable appearance to the lungs; it seems as if their surface was sown over with pseudo membranous flakes (white) of variable dimensions; but, on closer inspection, they are found to be little air-bladders, which disappear on puncture." (Tardieu.)	*Rupture* of the *air-vesicles scarcely ever present.*
In simple strangulation, *no* subpleural punctated ecchymoses disseminated on the surface of the lung, as in death from *suffocation*, are found; but something analogous, in the form of	Negative.
Apoplectic spots in the depth of the pulmonary tissue and sanguineous extravasation or infiltration, the size of which vary from a ten-cent piece to that of a five-franc piece — always *larger and more extended* than in suffocation.	Sometimes present.—Apoplectic spots, as in suffocation, smaller.
The vesicular ruptures constitute the constant and truly characteristic lesion of strangulation. (Tardieu.)	
Nothing essential in the *heart;* sometimes absolutely empty; *generally*, however, contains some black blood, and most always fluid.	Nothing essential in the heart.
Brain nothing constant; exempt from any alteration quite as often as congested. (Tardieu.)	*Generally congested.*—(Tardieu.)

In our next we shall continue the subject, and endeavor to explain some of the differences observed in the appearances after death by hanging, suffocation, and strangulation, and see how they accord with the physiological effects of the stoppage of respiration as established by modern physiology.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Ludlow.

THREE CASES OF PARALYSIS—PARAPLEGIA.

The first patient, a middle-aged man, blacksmith by occupation, has been sick nineteen weeks, being suddenly attacked, while walking in the street, with paraplegia. Three years ago he had intermittent fever; and at one time had received an injury to his head, which, however, did not make him insensible. He had considerable pain in the back along the spine, which was aggravated when he drank liquor, and has now resulted in constant soreness, especially in the lumbar region. His general health is good. He has slight motion in his lower extremities, but cannot walk with his eyes shut, showing that the paralysis of sensation is complete, there being no reflex impressions conveyed by the sentient peripheral nerves to the motor ganglia.

Treatment.—Dry cups and stimulant liniments along the spine. Internally, he is using strychnia in small doses—gr. 1-30 to 1-20, to be continued until the remedy produces slight twitchings in the muscles of the leg.

PARAPLEGIA FROM MASTURBATION.

The patient is a young man, 22 years of age, who has been in the hospital one year. There is no tenderness whatever in the lumbar vertebræ, nor along the spine. The patient has a dull pain in the head, headache, and suffers from great nervous debility, palpitation of the heart, indigestion, and involuntary seminal emission, brought about by self-abuse. The patient has been guilty of the vice for some years, and there is no doubt that masturbation in this instance lies at the bottom of all his difficulties.

The treatment is to consist of cold baths, cold injections, camphor, lupulin, iron, capsicum, quinia, and friction.

All masturbators are not affected in the same way. Some become insane, others paraplegic, some apoplectic, and others epileptic.

HEMIPLEGIA—FROM PRESSURE.

This patient, a negro boy, was first attacked in April last with numbness in the hand and arm on one side, then extending to the leg and foot on the same side, and gradually resulting in decided hemiplegia, so that he can scarcely walk. On examination, a swelling is found in the back of his neck, and, undoubtedly, by causing pressure upon the spinal cord, giving rise to the paralytic condition.

It is impossible to say what the exact nature of this tumor is, but as there is undoubtedly some kind of morbid deposit, the remedial means must be directed to cause its absorption, and for this iodine has been used. As the patient appears to be of a somewhat scrofulous tendency, the usual constitutional treatment in such cases has also been resorted to.

EPILEPTIC WARDS.

Under Charge of Dr. S. W. Butler.

TWO CASES OF EPILEPTIFORM CONVULSIONS, WITH PARAPLEGIA.

Among the patients at present in the epileptic wards of the Philadelphia Hospital are two cases of epileptiform convulsions, presenting features of considerable interest.

The first patient is L. R., a young woman, unmarried, 24 years of age, whose history has been previously given in Vol. IV., p. 354 of the Reporter, and the main points of which are as follows:

When a child, she had a severe attack of scarlet fever, did not walk until she was four years of age; has no recollection of ever having had rheumatism.

She was quite well until about 11 years of age, when she was attacked with chorea. She got well of this after a short time.

About four years ago, at the age of 20, her present trouble commenced. She was taken with palpitations of the heart, since which time she has been constantly subject to very severe paroxysms of angina pectoris. These paroxysms occur with more or less severity three or four times a day. They recur more frequently at night, causing her to awake suddenly, when she experiences first a difficulty of breathing, soon followed by intense pain, which lasts for several minutes, then gradually subsides, allowing her to fall asleep again.

She bleeds quite frequently and freely from the nose and mouth; sometimes from the eyes, in the shape of bloody tears, and occasionally from the ears, as often as once a month, but in no way influenced by the catamenial period.

Her menstruation has been irregular ever since the commencement of her trouble, four years ago. Some time ago she was, for a few weeks, in a house of ill fame; has had one child, and contracted a gonorrhœa, which she had in a mild form.

She has fits of an epileptoid nature occasionally; but never loses her consciousness while having them, though foaming at the mouth.

On physical examination, the lungs are found healthy. The two sounds of the heart are heard distinctly, the organ seeming to act with some violence; there is a slight, not very distinct, blowing murmur, accompanying the first sound of the heart. The apex of the heart strikes lower down than it should—near the

upper margin of the seventh rib. There is little lateral displacement of the organ.

The habitus of the patient is decidedly anæmic. She is under general tonic treatment.

Such was her history and condition on July 23d, 1860.

July 23, she was put on the following:

℞. Quiniæ sulph.
Pulv. ferri
Pulv. digitalis, āā gr. xij.
Strychniæ, gr. ½. M.

et in pil. No. xij. divid.;—of which she was to take one every four hours.

Also, tinct. cimifugæ;—a teaspoonful every three hours.

For several weeks after being put under this treatment, she had no recurrence of the attacks of angina, nor the epileptoid convulsions. Then, however, they returned with unusual violence, and resulted in total paralysis, both of motion and sensation of the lower extremities.

On pressure, the spine at the lumbar vertebræ and also between the shoulders was excessively tender.

Counter-irritation with unguent. antimonii was resorted to, and perfect rest in the recumbent posture enjoined. She recovered in about seven weeks, regaining the use of her limbs and sensation perfectly, and is now better than for years. She is now taking a teaspoonful of the following every three or four hours:

℞. Tinct. cimicifug.
Tinct. belladonnæ, āā ʒi.
Ext. lupulin. fluid. ʒij. M.

Also,

℞. Quiniæ sulph.
Pulv. digitalis, āā gr. xvi.
Pulv. ferri., ʒj.
Strychniæ, gr. j. M.

et in pil. No. xvi. div. One after each meal.

EPILEPTOID CONVULSIONS, FOLLOWED BY PARAPLEGIA—GRADUAL RECOVERY.

Kate O'C., æt. 20, was transferred from the medical wards of the hospital to the epileptic wards of the Insane Department, June 30, 1860.

Epileptiform convulsions, she states, first came on when 16 years of age, in a dentist's office, after having a tooth extracted. She continued from that time to have them very frequently—often several times a day. Her menses did not appear until she was 18 years old, since when they have been normal.

A year after her first attack, (i. e. three years ago,) she became totally paralyzed in her lower extremities. She underwent a variety of treatment, among which the moxa, applied to the lower part of the spine and between the shoulders, and continued for seven weeks.

When she came under Dr. Butler's charge, she was unable to walk; otherwise presented the appearance of a healthy, well-developed young woman, but excessively nervous; she has to be wheeled about in a sedan chair.

On examination, there was found to be tenderness of the spine between the shoulders and lower portion of the lumbar vertebræ.

July 23, she was put on the use of strychnia in doses of 1-20th of a grain, and on September 7, the following:

℞. Quiniæ sulph., gr. xij.
Pulv. ferri gr. xviij.
Zinci cyanuret., gr. viij. M.

et in p. No. xij. divid.;—of which one was given every four hours.

Oct. 30, the preceding treatment was discontinued, and the following substituted:

℞. Lupulin, ʒi.
Strychniæ, gr. i. M.

et in chart. No. xv. div.; of which one is to be taken after each meal. Subsequently phosphate of iron was added.

Her back at the same time made sore with croton oil.

At this date, Nov. 29, she has had no return of the epileptiform convulsion for nearly five months; there has been a gradual improvement in her paralysis during the last few months, and she has now partial use of her limbs, with a fair prospect of ultimate recovery.

Remarks.—These cases present several points of interest. In both, the epileptiform convulsions were not congenital, but came on at about the age of puberty; one after chorea, the other during the extraction of a tooth. In both, complete paralysis of the lower extremities occurred after the convulsions had existed some time, with excessive tenderness of the vertebræ in the lumbar region and between the shoulders; in both, the paralysis gradually yielded; in the first case, however, much more rapidly than in the last.

As to the precise cause of this intercurrent paralysis, it is uncertain, though it was evidently owing in both cases to some disease of the medulla spinalis. Whether due, however, to simple spinal irritation, or to some organic lesion, can, of course, not be ascertained. In the first case there was a decided hæmorrhagic diathesis, as evinced by the frequent hæmorrhages from the mouth and nose, and the *bloody tears*. Possibly in this case interstitial effusion of blood in the spinal canal took place in the lumbar region, compressing the cord, but without tearing its fibres; and, though producing temporarily complete paraplegia, becoming rapidly absorbed, did not interfere with a speedy recovery. Such cases are mentioned by authors.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

CASE OF CHRONIC BRONCHIAL AFFECTION—INTERESTING PHYSICAL SIGNS—CAUSES OF FEEBLENESS OF THE RESPIRATION.

This patient is a woman, 33 years of age, mother of a young infant, which she is nursing. She complains of a cough which had attacked her three weeks ago, and has been very severe since, producing, in connection with lactation, much debility and prostration.

The appearance of the patient is not that of one affected with tubercular disease, nor can we trace, on inquiry, any hereditary tendency.

On physical examination the bronchial affection is found to be very extensive. The usual râles, accompanying congestion and inflammation of the bronchial mucous membrane, are present in the *lower part of both lungs*. This is usually the case in bronchial catarrh, and enables us, generally, to distinguish, from the beginning, the nature of the affection. If the râles, and other physical signs, existed low down on *one side only*, we might suspect the case as one of incipient pneumonia, which often begins insidiously; but double pneumonia being a rare and generally very acute disease, in a case like this, the existence of physical signs on both sides, low down, renders a diagnosis of bronchial affection almost certain.

Besides this, however, on the right side, under the clavicle, and extending some distance down toward the nipple, we find the respiration rather feeble, and the percussion-sound over the left lung below the clavicle somewhat obscure and dull.

Throwing out the existence of tubercular deposit in the case, for which there is no evidence, what is it that causes this dullness on percussion on one side, and the feebleness of respiration on the other?

The dullness is probably owing simply to the accumulation of thickened mucus in the bronchial tubes, which occasionally produces a modified resonance, and may mislead the physician as to the existence of tubercular deposit.

The feebleness of respiration, in cases like this, is very often due to mere congestion and thickening of the bronchial mucous membrane, shutting off, to some extent, the entrance of air.

Occasionally, especially in young strumous subjects, you have a peculiar plastic matter secreted in one or more of the bronchial tubes, somewhat similar to the exudation of diphtheritis; giving rise to dullness and absence of the respiratory murmur, and leading to a suspicion of tubercular disease. But this material gradually becomes loosened and is discharged, when the dullness and feebleness of respiration at once disappear, and the physical signs resume their normal state. I have repeatedly seen large, thick masses of this material thrown out, representing more or less perfect casts of the tubes; they are composed, apparently, of successive layers of muco-plastic deposit. On their discharge the abnormal physical signs yield at once.

Treatment.—In the earlier, *acute* stage of bronchitis, we may resort, with great benefit, to small doses of antimony; 1 grain of tartar emetic, with 1 grain of sulphate of morphia in a four ounce solution, of which a teaspoonful is to be given every two or three hours, is a proper formula.

In children you must, however, even in the acute stage, be extremely cautious in reference to the use of antimonials.

This patient having passed the acute stage, and being besides enfeebled by lactation, it would be injudicious to resort to antimony. We shall give her a stimulating expectorant, as follows:

℞. Syrup. scillæ,
Syrup. senegæ.
Syrup. ipecac. aa. ℥ss.
Morphiæ sulph. gr. j.
Aquæ ℥ i. ss.

Of which she is to take a teaspoonful three times a day; and order her counter-irritation, with turpentine or ammoniacal liniment. Her diet should not be low, on account of her nursing her infant.

THREE CASES OF PULMONARY TUBERCULOSIS—CASE OF PHTHISIS, WITH EMPHYSEMA.

A German, shoemaker, about 30 years of age, pallid look, has had a cough since last July, and lost strength and flesh; his skin is soft and of a macerated, almost withered, appearance; his nails and lips are blue, showing evidently insufficient aëration of the blood. He never had hæmoptisis, and no tubercular tendency can be traced in his family.

Physical signs.—Over the lower part of both lungs there are bronchial subcrepitant râles, which are easily distinguished from the coarse and sibilant râles of bronchitis, and the fine râles of pneumonia. Under the left clavicle the expiratory murmur is louder and longer than natural, but there is no dullness on percussion.

Now, prolonged expiration, as it is generally associated with tuberculosis, is also almost always accompanied by dullness on the same side. But this is not the case here.

On further examination, we find decided prominence of the right thorax, increased resonance on percussion, and feeble respiration, indicating the existence of emphysema.

It has been supposed by some that emphysema and tubercle are rarely associated, and that when emphysema is detected, we may almost

certainly exclude the existence of tubercular deposit. This, indeed, was the theory of Louis, and I well remember, in going through the wards of the hospital with him, he would at once, on detecting emphysema in the patient, throw out the probability of phthisis. But experience has taught me that tubercular deposit and emphysema are much oftener associated together than has been supposed. When this is the case, in early stages, when no cavity has yet been formed, the emphysema masks the physical signs of tuberculosis, and we may have thus increased or natural resonance on percussion, in consequence of the permanent dilatation of the air cells; while, at the same time, the prolonged expiration indicates the tubercular deposit. This is the explanation of the physical signs in the case before us; for the rational signs, the long illness, the rapid loss of strength and flesh, the withered appearance of the skin, indicate something more severe than a mere chronic bronchitis.

The *safest* mode of *treatment*, then, in his case, would be to restore and build up the patient's general health. If possible, he should quit his present sedentary occupation, and resort, as soon as his strength permits, to out-door work. He should take cod liver oil after each meal, with 5 grains of protocarbonate of iron. The following stimulating expectorant will also be ordered:

℞	Syrup. Senegæ	℥j	
	Ammon. Carb.	℈j	
	Morph. acet.	gr. j	
	Aquae	℥j	M.

A teaspoonful to be taken three or four times a day. Counter-irritation may be applied by liniment.

A very excellent, gentle counter-irritant is the wearing of the ordinary, very coarse, thick, red flannel, next to the skin. The popular belief of the warming properties of this kind of flannel is not without foundation; for it is asserted by competent persons that in the red dye stuffs which are used in coloring this flannel poisonous species of sumach enter largely; and this explains the peculiar cutaneous eruption which is so often seen in persons wearing this coarse flannel, especially when new. Thus it may serve two purposes—protecting the body against cold and changes of temperature, while it acts at the same time as a counter-irritant.

PHTHISIS IN A WOMAN—CAVITY—AMELIORATION OF SYMPTOMS—REMITTING CHARACTER OF PHTHISIS.

The patient, a woman, 33 years of age, unmarried, leading a sedentary life, with no apparent hereditary tendency, has been at the clinic before; thinks her disease came on from a cold. She has never had real hæmorrhage from the lungs, but her expectoration has, at times, been colored. She expectorates now considerably, and coughs most in the morning, and states that she can sleep equally well on either side. She has had no diarrhœa, but her loss of strength and flesh has been considerable. Her disease dating back a year from last July, the case is one of chronic phthisis; it has been very fluctuating in its character.

This remittent character of chronic tubercular phthisis is very interesting; patients will run down often to an extreme degree, when they will regain flesh, the expectoration diminish, the night sweats become less, and even the physical signs will diminish and improve. This is caused by the tubercular deposit undergoing its development in crops. One particular crop will soften, form cavities, and, finally, after the patient has run down to almost the last degree, the abscess will begin to heal and a cicatrix be formed. Then begins the period of intermission; the patient improves in all respects, and is supposed to recover. Thus he goes on for a certain time, when another crop of tubercles, at some other part of the lung, will commence to undergo the softening process, and again the patient becomes worse, with a violent return of the general symptoms and a reappearance of the physical signs.

The case before us is one of that kind. We find, on physical examination, a cavity under the right clavicle, the size of an orange; there is marked amphoric respiration, and a peculiar tympanitic resonance on percussion, the cracked pot sound. The left lung is comparatively healthy. When she was here before, she was a great deal worse: but now is gradually beginning to have another period of intermission. She has taken cod liver oil, iron, quassia, balsam of tolu, and morphia, and as she appears to improve under this treatment we shall order it continued.

ACUTE PHTHISIS—MILIARY TUBERCLES.

The third case of phthisis before the clinic, presents still another type of this malady.

The patient is a carver, of tubercular appearance, has lost flesh, has had chills occasionally and night-sweats; his lips are blue, and he suffers extremely from difficulty of breathing and oppression of the chest.

The right side is somewhat contracted from adhesions, the result of a chronic pleurisy, yet there is some vesicular respiration. The physical signs of tuberculosis are not so well marked as in other cases, for the reason that the tubercles are miliary, disseminated, and scattered all over and through both lungs, and thus not concentrating the physical signs at one particular locality. This form of phthisis sometimes comes on very insidiously. The spirometer in this case would probably indicate a very small vital capacity.

This form of phthisis—acute miliary, disseminated tubercular infiltration—is the worst, and such cases are, almost without exception, entirely hopeless. Still we must do the best in

our power. We shall not give cod liver oil in this case, because it might cause severe and dangerous hæmorrhage. I have seen this produced again and again in just such cases. The lungs are so engorged, the blood is already so full of carbonized materials, which the lungs are unable to dispose of, that any additional tax upon them, by the introduction of cod liver oil, would in all probability lead to severe hæmorrhage. Still the patient should have nutritious food; but more of an albuminous character than fat or starch.

The patient will also be ordered iron and quinia, while a cough mixture, composed of aromatic sulphuric acid, morphia, and the syrup of the wild cherry bark, will, perhaps, prove beneficial.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

DIAGNOSIS OF PREGNANCY.

A case appeared at Prof. Bedford's clinique, exemplifying the ease with which a mistaken diagnosis as to pregnancy may obtain to the great detriment of the innocent victim.

It was that of a young servant girl, who had lost her situation, and had been turned out of doors by her father, on account of her supposed pregnancy. She had been told she was undoubtedly pregnant by two or three physicians; and once in the presence of her father. In consequence of all this she was in a state of great mental distress, but continued to assert strenuously the utter impossibility of the thing. Her abdomen was enlarged, the tumor being pyramidal with the apex downward. She had sickness at the stomach, enlargement and irritation about the mammæ, and had not had a menstrual discharge for nine months.

On careful examination, Professor Bedford found it to be a case of physometra; the gas having been, probably, secreted from the uterine blood vessels, as there could have been no portions of retained placenta to give rise to the evolution of gases by decomposition.

The *treatment* adopted was the exhibition of the compound decoction of sarsaparilla, and salivation by mercury. Under this treatment the abdomen has measurably diminished in size, and the menses have returned.

VICARIOUS MENSTRUATION.

Dr. Bedford presented also a case of vicarious menstruation. The patient, a young girl, had menstruated once, and never had a return of the discharge. She had, however, a quite profuse epistaxis every two weeks. Dr. B. said he would employ no medicines, but let her alone. Nature, he said, was not quite ready, and the brain, etc., were being relieved by the epistaxis until the full development of the function.

CASES OF PARALYSIS.

Dr. Clark showed to his class some cases of paralysis, at Bellevue Hospital.

The first was a case of general paralysis in a man, due to the presence of an apoplectic clot. He could only speak two or three words in succession, and Dr. C. said would probably never be able to utter long sentences. He said he would employ no particular treatment, but would permit the patient to recover without interference. The serum of the clot would soon be absorbed, and considerable relief must follow, on account of the large proportion of that constituent. A general analeptic course of treatment was prescribed, with friction, passive motion, electricity, etc. This was his usual plan in such cases, and it was generally followed by gradual recovery.

Another, was a case of paraplegia, gradually resolving itself into hemiplegia. There existed projection of the first dorsal vertebra, the body of which had given way, constituting Potts' disease situated unusually high up. The body of the vertebra having become more completely disintegrated on the right side than on the left, the vertebra was tilting over to that side, and thus pressing more on the right side of the spinal cord, was gradually effecting hemiplegia of that side. Dr. C. said there was little to be done except in the way of constitutional treatment. It might be advantageous, perhaps, to apply an apparatus which would remove the weight of the head from the vertebral column.

Another, was a case of paraplegia due to syphilis. The patient had a suppurating bubo two years ago. Last August he began to notice a gradual loss of power in his legs. Eight weeks ago he was mildly delirious, principally at night—not knowing where he was. Treatment—Hydrarg. biniod. gr. $\frac{1}{8}$, with pot. iod. gr. v. ter die. Gradual recovery was taking place. Dr. C. said he usually gave in such cases, first the biniodide of mercury, without the other; then, when the constitutional effect began to appear, the pot. iod.; then again, the hydrarg. biniod.; and so until recovery. As the patient was manifestly improving, no change was made in the treatment. The improvement, he said, was generally more rapid in cases due to the poison of syphilis, than in other varieties of paralysis. The essential part of the treatment in these cases was to give mercury in some form. Blue mass would answer just as well as the biniodide.

Dr. C. also exhibited a case of paralysis due to an exostosis of several of the vertebræ in the lower part of the neck. The exostosis was well marked externally, and probably involved the interior of the vertebral canal, producing pressure upon the cord. There was little to be done. Operations had, however, been performed in such cases with success. He instanced a case in which exostosis had been removed from the interior of the vertebral canal three times, and the patient was now living in New Jersey in good health. C.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

A regular meeting of the society was held at the College of Physicians and Surgeons, on the evening of Wednesday, November 28th. Dr. Krakowitzer in the chair.

CONSTRICTION OF THE COLON—DEATH.

Dr. James R. Wood exhibited the colon of a man about 72 years old, who had been under his notice for about a month before his death. He had suffered, as his physicians had told him, from obstinate constipation for some six or eight years. When he first saw him, nothing had passed per rectum for about two weeks. He had been taking croton oil, and other drastic cathartics, and presented tympanitis, stercoraceous vomiting, and all the symptoms of intestinal invagination. A bougie would pass no further than about the junction of the transverse with the descending colon.

Large doses of opium and calomel were at once given; gr. xx of the latter being given every three or four hours, until about two hundred grains had been exhibited. The patient was relieved, after the gums had become affected, by a copious discharge per rectum.

He was not seen for a fortnight, at the expiration of which period he returned with the same trouble. The same treatment was adopted, and again relief ensued. He soon had another attack, however, in which he died.

On examination, the colon was found enormously distended with fæcal matter and various articles of undigested food—scybala, orange seeds, raisins swollen out and unacted upon, etc. At the junction of the transverse with the descending portion it was found suddenly very much contracted. At the points of constriction the coats were normal in their thickness; but above, they were enormously thickened, being almost as thick, collectively, as dressed calf-skin. They were likewise thicker than normal, below the stricture. At the point of stricture there was almost complete occlusion of the gut. Dr. W. remarked that this was an exceptional case. There was no evidence of malignant disease, no cicatrix, no suspicion of hereditary taint, and the patient had never suffered from dysentery. Constipation had come on gradually with advancing years, and up to the time when he first saw the patient, he had never consulted a physician. It was common, he said, to meet with occlusion either complete, or nearly so, from deposit of cancerous matter; but this case was evidently of a benignant character, and perhaps congenital. As a rule, all strictures of the rectum were owing to the presence of malignant disease.

FIBROUS TUMOR OF THE UTERUS.

Dr. Wood also presented the diseased uterus of a woman, about 40 years old, who had been under his care for the last four years with an abdominal tumor. Four years ago, when he first saw her, the enlargement was smooth and regular, and evidently situated in the uterus. Upon dilatation of the cervix and introduction of the finger in the uterine cavity, it was found in no respect altered by the growth in the tissues of the organ. No affection of the ovaries was discoverable.

The diagnosis was fibrous growths in the uterine parietes, and iodine and its preparations were used both externally and internally.

At the expiration of eighteen months the enlarged organ was resting upon the brim of the pelvis. Blisters were then applied to the abdomen, on each side by turns, and dressings used of iodine, with cicuta and stramonium. Iodide of potassium and iodide of mercury were at the same time given internally—sometimes one, sometimes the other.

After the lapse of a few months the tumor was found to have decreased in size, and descended into the pelvis. It soon, however, began to grow again very rapidly. During the latter months the os uteri could not be reached, nor could the rectal evacuations be performed with comfort, on account of the pressure upon the vagina and rectum—the tumor occupying the whole of the lower pelvis, and pouting out the os externum.

About three weeks ago, the patient was attacked with severe pain in the lower part of the abdomen, with persistent vomiting. Tympanitis followed this attack, with exquisite tenderness in the lower part of the abdomen, pressure upon the protruding portion at the vulva invariably causing vomiting. As the disease progressed, the patient became very much exhausted, and died with symptoms of peritonitis.

On examination, the walls of the uterus on the right and superiorily were found involved; above, by fibrous tumors; and below, by masses of broken down fibrous matter. The usual appearances, however, of fibrous deposits in this or any other organ did not obtain. They were those of malignant disease, especially in the portions which had become disintegrated. The microscope, however, revealed nothing but fibrous tissue. This, Dr. W. said, was a very interesting point in the case, and worthy of note.

The vagina was pushed off to the left, and the os uteri was situated above the illio-pectineal line. The rectum was likewise pushed off to the left, and, as before stated, was pressed upon by the enlarged mass. The cavity of the cervix was normal, and a Graafian vesicle was found upon the ovary.

A drawing of the parts was exhibited. An answer in the negative was given to a question

as to whether the patient had ever borne children. Several cysts were noticed containing a gluey matter, and the question arose, whether one of these, in bursting and discharging, had given rise to the fatal peritonitis.

GALL-STONE DISCHARGED PER RECTUM—DISCUSSION—CASES.

A member next exhibited a gall-stone, the size of a small walnut, composed principally of cholesterin and pigment, which had been discharged, per rectum, by a man while walking about. The theory was that the calculus had caused inflammation and adhesion of the gall-duct to the colon, and had then escaped into the intestine by ulceration. The calculus was discharged twenty years ago; the man has been in good health ever since, and has passed no more.

Dr. Wood said it was difficult to imagine how so large a calculus could emerge through so small an orifice as that of the gall-bladder, and pass along so small a duct as the cystic. He thought the nucleus had probably lodged in the duct, enlarged there by accretion, and thus gradually had effected dilatation and a passage into the intestine.

Dr. Clark reminded him of the theory proposed by the exhibitor.

Dr. W. said he had known of the passage of calculi as large as the one exhibited, which must have taken place per vias naturales, since post-mortem examination had revealed no evidence of adhesion, ulceration, etc. His experience in autopsies had been considerable, and he had never seen a case but once, in which ulceration of the gall-duct had occurred, nor of adhesion of the gall-bladder to the colon, without the presence of malignant disease.

Dr. Clark related the case of a lady who was seized with incontrollable peritonitis, and died. On post mortem, the gall-bladder was found to have given way before the action of a large calculus, adhesions having been formed involving the colon and some of the small intestines. Peritoneal inflammation enough had been lighted up to give rise to an abscess containing six ounces of fluid. This abscess had ruptured and discharged into the peritoneal cavity. Here there was adhesion of the gall-duct to the colon—not such as to permit the calculus to pass, but producing an abscess walled in by the peritoneum. The calculus was about three-fourths the size of the one exhibited.

Dr. Finnell related a case of death from peritonitis, the result of ulceration of the gall-bladder and escape of bile into the peritoneal cavity—the calculus remaining in the bladder.

CLOT UPON THE DURA MATER FROM INJURY.

Prof. Post exhibited a large clot found upon the dura mater of a patient, 45 years old, a stone-mason, who was admitted into the New York Hospital on November 1st. He had been struck on the side of the head with a wooden mallet. After the infliction of the injury, he walked to a store near by and laid down. Not feeling very well, he remained there, and during the night became unconscious, in which condition he was removed to the hospital. His pulse was 60, and feeble; respiration stertorous, pupils equally dilated, and surface cool. The scalp wound, which was a small one, was enlarged, and a digital examination made, but no fracture could be detected. He died on the third day.

On reflection of the scalp, it and the temporal muscle were found infiltrated with blood. A linear fracture was found extending across the anterior-inferior angle of the os parietale. The clot, which was due to a rupture of the arteria meningea media, measured about four inches by three, and about two inches in depth. A portion of the brain had become softened, and about two ounces of bloody serum had accumulated in one of the lateral ventricles.

Dr. Post remarked that, had the skull been trephined and the clot gradually removed, the patient would have stood a fair chance of recovery.

PREMATURE BIRTH—FŒTUS.

A fœtus of four or five months' development, with the membranes attached, was next presented by Dr. Finnell. It was born of a woman just convalescent from typhus at St. Vincent's Hospital—a primipara. The woman was able to go from her bed to the water-closet; while doing so, was seized with violent pain, and, after discharge of stool, was delivered on the spot of this fœtus. There had been no suspicion of labor being about to set in; the only complaint she had made having been, a little while before, of an uneasy sensation in the abdomen. The placenta was found in some points extravasated; in others, exsanguine.

In reply to a question, Dr. F. stated that hemorrhage, to the amount of a tablespoonful only, followed upon the delivery.

TUMOR IN AXILLA.

Dr. Finnell also presented a tumor taken from a man, 24 years old, a laborer, who had always enjoyed excellent health, and who, on his admittance to St. Vincent's Hospital, bore all the marks of perfect health. In April last, he had been obliged to exert himself violently, and, as he supposed, "strained his shoulder." A tumor began thereupon to form in his axilla, and gradually increased in size until his entrance into the hospital. He was then complaining of a great deal of pain in his shoulder. The base of the tumor was situated in the axilla, and the apex was insinuated between the pectorales major and

minor. His pulse, on entrance, was 42. It remained the same for a time, but, after the removal of the tumor, rose to 60—slow and soft. On section, the tumor presented two distinct appearances, like the gray and white matter of the brain—the gray coloring being principally at its base.

Dr. F. said he was reminded of a tumor, supposed to be benign in its nature, which he had once removed from the ramus of the lower jaw. It returned in the cicatrix in an obviously malignant form.

ACUTE IDIOPATHIC GASTRITIS.

Dr. Finnell next presented a specimen on behalf of Dr. Gallagher. It was the stomach of a woman, aged 48, who, in crossing Hoboken ferry, missed her footing and fell into the water. She was soon rescued, and recovered sufficiently to get home without any difficulty. The only internal restoration used was a little brandy and water, given on the spot. She went to bed in the evening with no particular distress. During the night, however, she was heard vomiting, and, upon a friend's coming to her assistance, complained of soreness and pain in her stomach. She died at 2 o'clock in the morning. The friend who was with her said she took nothing but warm drinks, such as tea—no medicine whatever.

Intense congestion of the stomach and lungs was found. The redness of the latter looked like that of the "rum stomach," or that produced by the cyanuret of potassium. The whole internal surface was intensely red—some points marking the rugæ being almost black. It was a case, he said, of acute idiopathic gastritis—there being no evidence of any irritant whatever having been taken into the organ.

In reply to a question from Dr. Wood, who said it was a very remarkable case, Dr. F. stated that no solid ingesta were found in the stomach—only a little tea.

The society then went into executive session, and afterward adjourned. C.

EDITORIAL DEPARTMENT.

PERISCOPE.

SAFE METHOD OF OPENING DEEP ABSCESSES IN THE AXILLA AND OTHER REGIONS.

Mr. Hilton gives in the *Lancet* the following directions:—Cut, with a lancet, through the skin and cellular tissue and fascia of the axilla about a half or three-quarters of an inch behind the axillary edge of the great pecboral muscle; at that part we meet with no large blood vessel. There is only a small branch of one of the external thoracic arteries, which sometimes runs along the edge of the axilla; excluding that which, if wounded, can be easily ligated, we run no other risk. Then push a grooved probe, or grooved director upwards into the swelling in the axilla; and if you will watch the groove in the probe or director as it is passed up through the comparatively healthy tissues into the axilla, a little stream of apoke, serum, or pus will show itself. Then take a *blunt* instrument, such as a pair of dressing forceps, and run the closed blades along the groove in the probe, or director, into the swelling, and, by opening the handles, you at the same time open the blades situated within the abscess, and so tear open the abscess; and, lastly, by keeping the blades of the forceps open during the withdrawal of the instrument, you leave a lacerated track or canal, communicating with the collection of pus, and which will permit the easy exit of the matter. In this way you may open an abscess deep in the axilla, or in other important parts of the body, without fear of inflicting any injury upon the patient.

STRICTURE OF THE RECTUM FROM THE REMOVAL OF HEMORRHOIDS BY MEANS OF THE ECRASEUR.

The Parisian correspondent of the *Lancet* says that traumatic stricture of the rectum has repeatedly occurred as a consequence of the removal of hemorrhoids by means of the ecraseur. Attention was first called to this serious objection to the use of the instrument by M. Nelaton, who lately remarked that many of the patients who had been operated on had reason to regret the exchange from a bearable complaint to a veritable torment.

To avoid this unfortunate result, M. Chassaignac now removes as little of the tissue of the rectum as possible, and simply removes the crown of the tumor, trusting to the subsequent inflammation and cicatricial contraction to effect the rest of the process of obliteration requisite for the accomplishment of the cure. To this latter suggestion an objection has been urged that it does not secure an immunity from hæmorrhage, and a death from this cause recently at the Hôpital Lariboisier favors the opinion.

—o—

Very "Frenchy."—The Paris correspondent of the *Lancet* says:—"The theory lately propounded before the Academy of Sciences, by M. Demeaux, to the effect that epilepsy in the child often depends upon intoxication on the part of the male parent at the moment of conception, is gaining ground, and other observers are about to furnish their quota of experience on this particular question, the elucidation of which may, let us hope, at no distant day contribute to the diminution of abominable vice."

REVIEWS AND BOOK NOTICES.

Compendium of Human Histology. By C. Morel, Professor Agrégé à la Faculté de Médecine de Strasbourg. Translated and Edited by W. H. Van Buren, M. D., Professor of General and Descriptive Anatomy in the University of New York, &c., &c. Pp. 207. New York: Bailliere Brothers, 1861.

Everywhere the best observers of the profession are beginning to turn their attention, which has been so long confined to the study of the various organic functions, both in health and in disease, to the investigation of histology. There is no department of the science of medicine, either of ancient or modern culture, which promises, or is accomplishing more, than this, the youngest of all, and although we may never be able to penetrate to the minutest molecule of organic structure, or understand the laws of their generation and development, yet discoveries of sufficient brilliancy have been made within the last few years to justify the hope for much more in the not far distant future. Scarcely a quarter of a century has elapsed since Schwann, following closely upon the illustrious Bichat, proclaimed the "originally perfectly identical cellular composition of all animal organisms." Since that time, discovery after discovery have so closely followed upon each other that histology must now be regarded as one of the most important branches of the science.

There has long been needed just such a work as the one before us—one which, by giving a compendious view, will take the beginner step by step into the subject, explaining carefully and clearly as it proceeds, so that even after introduction he may not be overwhelmed by its novelty or minutiæ. Although this work of Prof. Morel's does not presume to be a very elaborate exposition, or to enter into minute detail concerning every department of the subject, yet it embraces the whole subject, and gives with great fidelity a compendium of all that is positively known up to the present day.

As introductory to the subjects of which the book treats, all the simple elements entering into the composition of animal bodies are reduced to four typical forms: 1st, structureless material; 2d, cells; 3d, fibres; 4th, crystaline substances—all the organs and tissues of the body being some form or modification of these typical forms. In the chapter devoted to the consideration of cells, the author gives his views regarding the question of cell formation, and admits of but two modes for their generation—*endogenous* generation and multiplication by *cleavage*. Of the endogenous generation there are two varieties: 1st, by the development of the nucleus of the primitive cell into two "secondary nuclei," their common envelope disappearing; the nucleus surrounds itself with the granular contents of the cell, and afterwards a new cell-wall making its appearance, thus is completed the young cell. 2d, instead of being developed in the interior of the nucleus, they are formed from the granular contents of the parent cell. The formation by *cleavage*, the second mode of cell-generation, is accomplished by the hour-glass contraction of the cell wall, enclosing in either end one of the two secondary nuclei formed by the development of the primary nucleus; after a while the two portions formed by the contraction of the wall separate, two perfect cells being the result. Prof. Morel has adopted the novel views of Virchow, of Berlin, regarding the non-spontaneous generation of cells, and affirms that "every cell must derive its origin from another previously existing cell, hence, denies their blastemic origin, and regards them as formed only by the two modes above mentioned. Our author also appears to be an advocate of the new "cellular pathology" doctrines of the German Professor.

In the chapter devoted to an account of cartilage, bone, and teeth, the existence of an internal periosteum, or medullary membrane, is denied; that which appears to be a seperate lining merely consists of scattering fasciculi of connective tissue, the object of which is to support the fat cells and marrow of the cavity. Concerning the *development* of bone we have two modes described: first, that which consists of the ossification of the cartilages of the fœtus, and, secondly, the transformation of the periosteum. Our author's views are opposed to the conclusions of those observers who consider the cartilage cells themselves transformed into bone, and "persists that it is the nucleus of the cartilage cell which becomes transformed into the osseous cell, or lacunæ of bone." In this chapter all that is known of the ultimate structure of cartilage and teeth is clearly and tersely considered, together with directions for their preparation for microscopic examination. The plates, with which the volume abounds, are elegantly and artistically executed, illustrating the text with rare fidelity. Space does not permit, nor is it our object to give an elaborate analysis of this truly valuable work. We cannot close, however, without expressing our obligation to the translator for the creditable manner in which he has performed his undertaking; the notes which he has distributed throughout the volume have added considerably to its value.

Report of the Committee Appointed by the Board of Controllers on the Subject of Introducing Vocal Music into the Public Schools of Philadelphia. By Thomas Fitzgerald, *Chairman*.

This is an ably-written pamphlet, which will interest every reader who delights in seeing children made happier and better, and who would

lighten the labors and sorrows which afflict childhood whilst undergoing the ordeal of the usual system of education. As we look on the school, as at present conducted, as but a prison, where restraint from conversation and amusement, and the wearying toil, make it to the child equivalent to suffering the punishment of a felon by solitary confinement and hard labor—this favorable report on the subject of music in the public schools meets particularly with our sympathies.

But it is, unfortunately, presented to a fogyish Board, who lately, in opposition to popular sentiment, reason, and humanity, refused to adopt the "one session" plan—a Board who, evidently, think that knowledge should be inculcated (i. e. etymologically *kicked in*) by force and restraint.

We are pleased to notice that music is already taught in a few of the schools. This seems to be accomplished usually by the voluntary efforts of the teachers, yet but ten of the three hundred and twenty-three schools possess musical instruments, and these have been secured through the teachers, the pupils, and their friends.

In several schools teachers are paid by the pupils to teach vocal music, the cost to each pupil being one cent a lesson. There are instances also in which instruction is voluntarily given, and the children receive it with delight.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 8, 1860.

PHASES OF "THE TOBACCO QUESTION."

The great increase in the use of tobacco during the last decimal period is exciting serious attention, and its influence for good or ill is being universally discussed. The "tobacco question," as it is termed, has engaged in its discussion medical men in the highest positions in the profession, and sanitarians and philanthropists are enlisted in a war of extirmination against the weed. Modern "counterblasts" have appeared against it, but they fall breathless before millions of silent counter-*puffs* which meet them. The most violent onslaughts against tobacco, such as that of Lizars, of Edinburgh, have been met by arguments attempting to prove the divine origin of the article and a "constitutional necessity" in the human race for its use.

Between these extremes a safe middle ground exists, and there is room for a dispassionate investigation of the subject. Material for the pursuit is not wanting among all classes and grades, and among all professions. The advocates of the weed argue in its favor its world-wide use, the testimony in its behalf from high sources, the statements of such as Pareira, who have found no invariable deleterious effects attributable to its habitual use, and assert that the excited artificial life and overacting brains of the toiling millions need the tranquilizing influence of such a narcotic as tobacco to quiet them down to a normal standard.

On the other hand, the admitted increase in the number of cadaverous, insane looking youths to be seen everywhere, the greater frequency of disorders of the irregular nervous action, epilepsy, and paralysis, and the records of hospitals for the insane show a sad account against it.

Influences, advantageous or deleterious on every part of the body, are claimed for it or offered against it. Almost every organ is thus a field of strife. Intellects are said to be muddled by it, sight made amaurotic, taste destroyed, digestion impaired, hands palsied, skins fallowed, and frames attenuated. While, on the contrary, according to the experience of thousands, tobacco arouses the intellect, brightens the eye, makes a healthful sequel to a good dinner by assisting digestion, and innervating the frame when worn with the day's toil.

The dentists are considering the influence of tobacco on their peculiar domain. A writer in the *Dental Cosmos*, who favors the use of tobacco, with the object of refuting them, mentions a number of common objections to it. It is said that the hot smoke taken into the mouth will, by the sudden change of temperature, crack the enamel, but he shows that the temperature of a tooth may be suddenly changed from that of ice water to that of boiling water, without the enamel being ever injured. The objection that the chewing of tobacco wears away the crowns of the teeth is admitted, but not to a greater extent than the mastication of ordinary food. That the oil of tobacco, or empyreumatic oil, has any influence on the teeth, he disproves by the experiment of immersing human teeth in the oil made by the destructive distillation of

tobacco, which produces, it is said, not the slightest change in them.

These can be the only direct influences on the teeth, but the writer overlooks the indirect influences which may affect the teeth, in the same manner that the stomach and other organs may be affected. He thinks that the usual way of smoking by "simply taking into the mouth and blowing it out again," is incapable of doing any harm, and alludes to the manner in which the Spaniards smoke, as likely to injure. The Spaniards, he says, inhale all the smoke into the lungs. This, we think, is a mistake; and if any one in the habit of smoking will, when the mouth is filled with smoke, attempt to inspire, he will, by painful experience, be convinced of the impossibility of habitually inhaling tobacco smoke. The peculiarity of the manner in which the Spaniards smoke is that the smoke is allowed to pass back into the fauces, and some or all of it is exhaled through the nostrils.

The investigation of the physical and mental influences of tobacco will continue to be one of difficulty. Yet an unbiassed statement of the consequences to the community of a habit which is so greatly increasing would be of the highest importance. The subject is deserving, for the popular benefit, the exposition of a more unprejudiced treatise than it has up to this time received.

Of the excessive use of tobacco none will deny the evil effects, and the peculiar expression of the condition for which we invent the term *nicotism*, is, we think, as recognizable as that of alcoholism, although there is but little resemblance between the two states. The difficulty will be in deciding what is the moderate use of the narcotic, and whether the so-called moderation is hurtful.

"EXTRACT BLODGETTI" AND REVEREND QUACKS.

A few days ago, a man, whom we knew to be a great hypochondriac, came into our office, asking where he could get the "*Extract Blodgetti.*"

It appears that, fancying himself to be dying of consumption,—he has got a pair of lungs like bellows, good resonance, and a chest like a Devonshire ox,—he was struck some time ago with an advertisement in the semi-religious *World* newspaper, of one Reverend Edward A. Wilson, in which that divine layeth before the world the promptings of his heart in reference to a sure cure, which he pretends to have, for consumption.

Placing implicit reliance upon the integrity and consistency of the managers of the excellent sheet in which that advertisement appeared, who would not insert anything, and pocket the money therefor, the truth and honesty of which they did not believe themselves,—of course not,—and putting all trust in the philanthropic benevolence of the Reverend E. A. W., who would not impose upon the public,—of course not,—our misanthropic friend sent to the latter individual a letter, stating his imaginary case, and beseeching the philanthropic divine to communicate his sure cure to him.

Having since had a rather unusually sharp attack of biliousness, and having put himself under our care, we succeeded, by a brisk dose of pulvis ipecacuanhæ, to clear our friend's mind from his tubercular fancies, and, while yet under the effects of the emetic, he, miserable wretch, committed to our care his correspondence with the Reverend E. A. W., thinking that we might find it interesting, perhaps.

And so we did.

Document No. 1.—This is a lithographed letter signed by E. A. W., with a flourish, in which he expresses his sympathy with our poor hypochondriac sufferer, and says: "If you use the pure and unadulterated articles, I am sanguine and *positive* as to the result." He also expresses a desire that the patient, should he visit New York, should call and see him at his residence in Williamsburgh, when he "would be happy to furnish you with the medicine imported, and properly compounded by myself."

Document No. 2 is the *Recipe for Consumption, Asthma, Bronchitis, Scrofula*, etc., as follows:

Extract Blodgetti.
Hypophosphite of Lime.
Alantin, (Pura.)
Meconin. (Pura.)

Extract Cinchona.
Loaf Sugar.
Pure Port Wine.
Warm Water.

Knowing, of course, that the poor miserable victim who falls in his clutches will be unable to procure the "*Blodgetti*," our pious quack states that he has the preparations on hand, and will, on the receipt of $2, (and postage 30 cents,) mail to patients a package, containing the Extract of Blodgetti, etc.

All this is done not from any selfish or mercenary motives, of course not, "but from a sense of Christian duty by one who, from the most severe and bitter experience, knows how to sympathize," etc., etc.

Document No. 3.—Appended to the recipe are two notices, one from the *Tribune*, and the other from the *Times*, calling attention to "*The Pastor's Gift to the Young Convert, embracing a complete outline of Christian duty*," By Rev. E. A. Wilson. The *Tribune* tells us that every new convert, and all church members, should possess the book, and no doubt a copy graces its editorial sanctum.

Thus it will be seen, that E. A. W. not only dabbles in medicine but also in book-making; and if his spiritual remedies are like his physical, mercy be upon the poor soul who falls in the hands of this divine quack.

Document No. 4.—This is the *Christian Era* of Oct. 3d, 1860, edited by the Rev. Wm. B. Adams. It contains a card to the public by the Rev. Wilson, and an editorial puff in behalf of the "Blodgetti," by the Rev. Adams, who is *Doctor*—of Divinity.

These are the documents of one of the most cunningly and swindlingly devised pieces of quackery that has ever fallen under our notice. Advertised into notoriety by the semi-religious *World*, conceived and carried out by the Reverend E. A. Wilson, and puffed into significance by Brother Adams, D. D., if public opinion is not strong enough to protect the ignorant sick against the extorting devices of such pretenders and swindlers, we hope legislatures will soon come to a conviction of putting a stop to this murderous trade, whether it be carried on on its own merits, or under the disguise of Christian philanthropy and the sanction of editorial D. D's.

A WORD PRIVATE.

There is published in New York a sort of semi-religious daily paper, at first a penny sheet, but which recently having obtained a ten or twenty cylinder press—we have forgotten which—and a hundred thousand subscribers, more or *less*, has at last entered a two cent respectability.

We have a little private talk with that issue. In one of its numbers it has the following:

"A Philadelphia medical journal authenticates the scientific value of our reports of the proceedings of the Medico-Chirurgical Society, in this city, by transferring one bodily to its own columns. The excellent sense evinced by this selection was not continued to the journal, for it adds the regret that so good a report should appear in a secular paper, when the columns of a scientific journal would have been its appropriate place. Its case reminds one of the man who was abused for having been born in some Nazareth or other, but followed the advice of his assailant and took the earliest conveyance to the city where he ought to have been born. The journal in question is quite at liberty to continue its corrections of our frequent blunders in furnishing too good reports of scientific matters, by transferring them as early as possible to the columns where, we must admit, they ought to have appeared in the first place."

This paper and its medical editor know that what they have stated in the above is *false*. They know that we did not copy these proceedings of the Medico-Chirurgical College on account of their scientific value; they know that we need not, for our reports of medical matters in New York, wait for the reports of its penny-a-liners. That paper and its medical editor, or the man who prompted the above paragraph, know that we *quoted* the proceedings above mentioned as a glaring example of "*unprofessional advertising*," unworthy of the Society from which they emanated.

The paper in question was announced to be conducted on principles of morality, religion, and decency. It was to set its stern face against all frivolous and worldly matters. Operas and theatres were to it an abomination,

and it shrunk at first with holy horror from the idea of lending itself to invite men, women, and children to such dens of sin and profligacy. But after having wheedled unsophisticated people into a belief of its unquestionable moral character, it now spreads before its readers the invitations to such ungodly feasts, and pockets the money.

It was also to set its face against all brutal exhibitions, such as dog-fights, rat-fights, sparring exhibitions, etc. But, in a recent number, we find a glowing, minute, spirited description, extending over more than a column, of the principal dog and rat fighting establishment in New York, evidently written to entertain the "fancy," and calculated to create an interest for these brutal exhibitions; while the very next column, within scent of the kennel, is dedicated to the "religious world."

But, besides such glaring inconsistencies, the same paper is guilty of as wicked conduct as the *Herald, et id omne genus*, in regard to medical advertisements. For lucre it does not hesitate in the least, with all its paraded morality, Christianity, and religion, to insert "medical advertisements," calculated to cheat and swindle people out of health and life, making itself the aider of pretenders and swindlers, and the abettor of poisoners and murderers.

We had intended to ask that paper to correct the falsehoods which it impliedly uttered regarding us. But from its want of consistency, its hollow pretences, and its allegiance to all that pays in cash, regardless of the injury inflicted upon the people, we abstain from such an idle request; hoping, however, that its managers will yet come to understand that more harm is done to the true religious interests of the community by its assumed verbal piety, while its practices are those of the "wicked world;" and, before all things, that telling falsehoods about your neighbors is not generally considered, even among the heathen, as a moral virtue.

—o—

M. Groux, the subject of the congenital fissure of the sternum, is again exhibiting himself before the medical societies of London, and appears to be creating an increased interest.

SPIRIT OF THE MEDICAL PRESS.

Dr. Oliver Wendell Holmes' "Currents and Counter Currents," which was launched upon the sea of medical literature last spring, is still the subject of comment in our exchanges. It was at once regarded as a strange craft—a "long, low, black, suspicious looking" craft. First, it attracted a passing glance of the eye, then the eyebrows were contracted to shade the eye, then the hand raised for the same purpose. Next a hollow cylinder was formed, first by one hand, then by both, to intercept all rays except from that particular object. But not yet satisfied, the whole catalogue of aids to vision, the eye-glass, then the lorgnette, and finally the spy-glass, have been called into requisition. The result has been that the "suspicious looking craft" has been found, after all, to be but an innocent little skiff, bounding o'er the billows, containing but one passenger, and he out for an airing.

A racy notice in the Chicago *Medical Journal* says:—"The smoke which the *pathies* and the *isms*, with the newspapers generally, their ready servitors, contrived to throw around it, has gradually risen from the field; and, as one of the watchmen upon the Æsculapian towers, we report to the denizens, none dead, none wounded, and none missing! Not even the poetical Breakfast-table Professor has deserted and gone over to the enemy!" The same writer wagers a bottle of copaiba against en equal amount of hive syrup, that the distinguished Professor does not, never has, and never will practice in accordance with one of his propositions.

The Charleston *Journal and Review* has one of the best notices of this Address that we have seen.

The Medical Department of the University of the Pacific, at San Francisco, seems to have enemies both in and out of the profession. It seems, as we learn from the San Francisco *Medical Press*, that the Professors offered to take the medical supervision of the City and County Hospital free of charge, if they could have the privilege of giving their students clinical instruction. The Board of Supervisors refused the application, and continues the present staff of medical men, who *receive pay for their services*. Clinical instruction is given, it seems, but by one man only on all the branches. The Faculty of the University should rather encourage than discourage the Supervisors in paying for the services of the hospital staff, and use their in-

fluence simply to have all of them, as occasion requires, aid in giving instruction in medical teaching in all its departments.

We learn, with regret, from the same journal that some medical men of San Francisco are endeavoring to prejudice the mind of the public against dissections, and throw obstacles in the way of procuring material for the purpose. Such men are utterly unworthy of the honors of the profession.

Correspondence.

DIGITALIS IN SCARLATINA.

Messrs. Editors:—The bills of mortality of Philadelphia, for several weeks past, demonstrate that scarlatina has increased in extent in some of its wards with very fatal results. This fact has induced me to call the attention of my medical brethren to a paper on that subject, as contained in the Reporter of the 3d of March last, in which eighteen cases are given, showing the beneficial effects of digitalis in this disease. Since that time several cases have occurred to me where it has been administered with the same satisfactory results. One of the most prominent symptoms of this disease is the unusual rapidity of the pulse, fully demonstrating the extreme action of the heart and arteries, greater than we usually meet with in other febrile diseases, and which make it so formidable in its character. The proper indication, therefore, is the employment of remedies calculated to arrest such an impetus as soon as possible. Such a remedy we have in digitalis. Whatever may be the cause of such extreme action, whether a poisoning of the blood acting upon the nervous centres, or from any other cause, the true philosophy in the case appears to be the use of such means as will, without delay, control and subdue the disastrous effects arising from such a cause. There need be no want of confidence in the safety of the remedy. I have employed it very extensively without any injury ever accruing from its use. It would afford me much pleasure if the profession would give the remedy a fair trial, in accordance with the recommendations as contained in your number of March 3d, 1860. I have not as yet tried the veratrum viride in this disease, as I have been so well satisfied with the use of digitalis. The veratrum is also a very depressing agent, having been employed satisfactorily in many cases in arresting and controlling the action of the sanquiferous system, but I very much doubt if its depressing effects upon the system would be sufficiently strong and permanent to produce the same satisfactory results as digitalis. But it matters not what is the remedy employed, provided it produces the same results; the principle is the same; arrest the *vis a tergo*, and convalescence is the consequence.

In three out of the eighteen cases above alluded to, bloodletting was employed in the early part of the disease to save the brain from serious injury, as the high state of the pulse, together with the violent delirium, called for immediate relief before any internal remedy could be administered in sufficient quantity to act favorably in restraining the general action of the circulating system previously to the use of digitalis.

Yours,
L. P. Gebhard.

THE BEARD QUESTION.

December 3*d*, 1860.

Gentlemen:—Your article in the last number reminded me of one I wrote for a newspaper a few years ago, when the "beard question" was being actively discussed. I retained a copy of it, and, if you are willing, I should like it re-published in a Medical Journal, because it points out a physiological and anatomical analogy, which, however well known, is certainly not often alluded to by writers on the subject. Yours, truly,

Wm. Hunt,
431 Arch street.

"Messrs. Editors:—In the many newspaper discussions upon the beard question, I have, as yet, seen no adequate answer to the oft-repeated argument of the opposers of the appendage—'Woman has no beard, and why should man, who professses to be the stronger, need such a protection, if protection it really be?' 'Women are not intended for the exposed occupations of men,' is the general reply. Now, it strikes me that this does not at all meet the case, and I propose to give a more complete answer to this apparent poser, by showing that there is a most beautiful unity of design in the structure of the neck and face of the male and female, and, by analogy, to maintain that the beard is not only a useful protection but an important element of manly beauty.

"The female, as a rule, is distinguished from the male by rotundity, or evenness of outline, and this, it is admitted by all, is an essential characteristic of the abstract idea of beauty. This peculiarity of form is brought about by her having, in addition to a more delicate skeleton framework, fine layers of fat immediately beneath the skin, and this fat is particularly abundant about the bust, the neck, and the face—parts that are exposed with such apparent impunity. Why impunity? Because fat is a negative substance in its physical properties, one of the best non-conductors, and hence a powerful preserver of animal heat, and, in the

parts we have mentioned, a great protector of very important organs, as the summits of the lungs, the main air passages, the great blood-vessels, etc.

"So much for the female; now for the 'lord of creation.' My object is to show that the same is virtually the case with him; that what exists, as far as physical properties are concerned, *beneath* the skin in the female exists, or should exist, *upon* it in the male. He is distinguished by sharpness of outline; his skin is applied much more closely to the underlying parts. He has a much rougher skeleton, and we can more readily define the position of internal organs from external appearances in him. Hence he protects himself by appropriate clothing to a much greater extent than his fair help-meet, who, I am sorry to say, is too apt erringly to presume upon her natural advantages. Picture to yourself fifty gentlemen at an evening party with bare necks and shoulders. Fifty chills and fifty pleurisies would most probably be the result. But for the protection of parts that are necessarily exposed—the face and upper part of the neck—what is provided? Most certainly the beard! Hair, like fat, is a non-conductor, and therefore a preserver of animal heat; and, also, by its pliability, it fills up the hollows of the countenance, obviates lankness of visage, and thus contributes to that evenness of outline which we have seen is an essential element of beauty. I know it will be said that there are many fat men and many lean women. But neither of these are types of their class; besides, the former will generally be found to have smooth faces, and the latter have no more business to go in fashionable full dress, or rather undress, than men, because they not only display no beauty, but, by violating immutable laws, they too frequently contract obstinate and often incurable disease."

EXTENSIVE WOUND INVOLVING THREE METACARPAL BONES—SPEEDY UNION.

Johnstown, N. Y., Dec'r 3d, 1860.

Messrs. Editors:—Allow me to report the following case. About Sept. 15 last, a child of two years was brought to my office, with three of the metacarpal bones divided by a diagonal cut from the outside of the carpal joint to the indicator finger. I brought the parts in apposition, and held them there by five stitches, directing the nurse to keep the bandage wet with whisky. I saw the hand the fourth day, when the parts had nearly united. The application of whisky was discontinued; the stitches were taken out, and the dressing changed to simple cerate. I saw the hand again on the 10th of November; it was perfectly well, and had no appearance of having been mutilated.

Yours, J. S. Crowley, M. D.

DIGITALIS IN DELIRIUM TREMENS—DUEL—WOUND.

A correspondent writes as follows:

In a case of mania-a-potu recently, after other means failed, I resorted to the tinct. digitalis in ½ oz. doses, of which I gave four without any perceptible effect in relieving the previous delirium. The patient finally succumbed. It was his fourteenth attack.

In case of a duel happening some time since between two distinguished gentlemen of Mississippi, one of the parties being very fleshy, resorted to a tightly-buttoned coat to diminish his size, thus bringing in front a great mass of fatty matter. As you are aware the position is side to side in the act of firing. At the first fire, the portly gentleman fell. His surgeon unbuttoning his coat, the fatty mass gave back, and he at first sight pronounced him mortally wounded, as the place of entrance and exit were directly opposite, to all appearances shot through the body. As his symptoms did not indicate speedy dissolution, the wound was further examined, when it was ascertained that the ball had merely gone through the compressed mass of flesh, without even touching the ribs, and that when restored to its natural position, it gave the seemingly deceptive appearance of the ball having passed entirely through the body. Had the gentleman not been so overly anxious in regard to his safety, he would have escaped unharmed. S.

DOES RICE CAUSE BLINDNESS?

Messrs. Editors:—From the testimony in a recent trial in New York, it appears that, among sailors, there is a popular belief that an abundant rice-diet causes blindness, and, in a recent number of the New York *Medical Times*, a correspondent asks whether this popular belief has any foundation? Permit me to give an explanation, of course entirely theoretical, for the purpose of eliciting the opinions of those who may have experience on the subject.

Rice contains from 80 to 85 per cent. of starch, which, in order to be digested and assimilated, must be converted into sugar. May not a long-continued and almost exclusive rice-diet thus cause an excess of sugar in the blood, and produce opacities in the media of the eye in like manner as diabetes produces cataract? And, to ask some more questions: is diabetes proportionally more frequent in sailors than among landsmen? Does a long-continued and exclusive rice-diet produce diabetes? Is cataract more frequent among the Eastern, rice-eating nations than Europeans? Is it true that among the slaves in Cuba and our Southern States, where rice forms the basis of the diet, cataract is very common?

These are questions of considerable interest, which, perhaps, some of your readers can answer. L.

THE NEW TITLE—A PROPOSAL.

Messrs. Editors:—Allow an old practitioner to express, in a few words, his entire concurrence with the views expressed by your correspondent from ———, *New Jersey*, in regard to the new title. The Board of Examiners or Censors should, in my opinion, be appointed by the American Medical Association, and not by the State Societies; and for this reason many of our State Societies have been lamentably backward in the work of organization, and cannot, unless great efforts are made, occupy the advance ground, which alone can entitle them to be trusted with so responsible a matter as the appointment of Censors for a national organization. Let the standard be fixed by the American Medical Association, and let the latter also appoint.

As to one Board for the whole United States, that is impossible, if it is expected that the mass of the profession shall participate in the movement. It would render the cost of the organization, from the mere traveling expenses, so high, that but few would be able to enjoy the luxury of being *Censors*, or applying for admission.

It seems to me a very important matter, that we should hear the opinion of the profession generally on the subject.

Let me propose, for this purpose, that the various medical societies discuss the matter, and take a *test vote*, to be published in the journals. Thus the sense of the profession might be obtained. O.

ANOTHER "LOCK-JAW" CASE.

Messrs. Editors:—In your Journal for Nov. 17th you allude to a ridiculous mistake in diagnosis, and mention a case of dislocated jaw that, by a homœopath, was mistaken and treated for *lock-jaw*, with the jaw *locked* open! That case brings to my mind another. When I was a six-month student of medicine, a neighbor, while vomiting, dislocated his lower jaw. He consulted an *eclectic*, who, after an hour's fruitless attempt at reduction, told him he was engaged to go out with a company on a pleasure excursion, and he would give the case further attention on his return. Not being willing to wait, the patient consulted a homœopath. He, too, made a fruitless attempt at reduction. He then gave the patient some of his globules to be taken, and a liquid with which to bathe the face, and left, promising to renew the effort at reduction on the morrow, providing it did not replace itself in the meantime! Half an hour later, I saw the patient. He presented a ludicrous aspect, and, indeed, seemed like one poorly resigned to his fate. He couldn't *jaw* his previous medical attendants, for the reason his jaw wouldn't work. I offered my services, (students are not amenable to the code,) and reduced the dislocation without difficulty. When the homœopath renewed his visit, and learned the condition of things, he took glory to himself by saying that no man living could have reduced that dislocation, *if he had not given medicine to "relax the cords!"* The aspirant for surgical glory left abruptly when the patient informed him that none of the medicines left had been used! O. C. G.

NEWS AND MISCELLANY.

Provision Supplies for London.—The correspondent of one of our exchanges gives some interesting facts in regard to the provision supplies for London, taken from the statistics published in one of the Quarterlies.

Of fish, there are from our Eastern coasts sent up hundreds of tons every morning, chiefly herrings. The South Western Railway sends up annually four thousand tons of mackerel. The Great Western brings up one thousand five hundred tons of fish in the year; and the Brighton and South coast conveys fifteen thousand bushels of oysters, besides four thousand tons of other fish. These are speedily transmitted by fish mongers and street coster mongers over the whole town. Red mullets come from Cornwall, smelts and eels are brought by the Dutch boats, pyramids of lobsters from the Norwegian fiords, turbots fattened on the Dogger-bank, together with our Thames whitebait and "Natives," (oysters,) all these find ready welcome and rapid consumption in incredible quantities. Sometimes twenty thousand lobsters are conveyed alive from the Norwegian coast to East Grimsley, in a single night, and are forwarded to London by the Great Northern Railway. Ten thousand more arrive from our own and the French coasts. "Four boiling houses receive these shelly ruffians, twisting and fighting, and for a trifling sum per score, change them from black to scarlet in twenty minutes." The lobsters are first killed by the insertion of a needle through the head. If boiled alive they would cast their claws. The lobster trade is chiefly in one man's hands, who pays £15,000 a year to the Norwegians, for this single article. It is positively declared by the traders, that the supply of fish to London is from three hundred millions to four hundred millions pounds weight per annum.

As to *flesh meat*, a million and a half of sheep, more than a quarter of a million of oxen, and calves and pigs in proportion, were brought to Smithfield alone, in London, in one year (1853,) and the present annual supply must be greater. Much cattle now comes from the Continent, chiefly from Holland and Denmark. There is also a vast amount of country-killed

meat brought to the metropolis, including supplies from Scotland. About fourteen millions pounds weight of flesh meat are annually consumed. The quality as a rule is excellent.

There is a great consumption of *chops* in London, and they are generally first rate, and well served. A butcher in the city proper, says: "Sometimes I cut one hundred saddles into mutton chops in one day."

The quantities of *game* and *wild birds* sent to salesmen almost exceed belief. When the shooting season begins in the Highlands of Scotland it is not unusual for one firm to receive five thousand heads of game, and as many as twenty thousand to thirty thousand larks are often sent up together. Ostend sends annually six hundred thousand rabbits; from Ireland come flocks of plovers, and quails from Egypt and the South of Europe. On one occasion, seventeen thousand of these birds were sent from the Roman Campagna. Of two millions of fowls for London tables, the greater number come from the two counties of Sussex and Surrey; many also come from Ireland. The bulk of the geese, ducks, and turkeys come from Norfolk, Cambridge, Essex, and Suffolk. The estimate of all the poulterers' stock annually consumed here, including hares and rabbits, amounts to some unknown figure between six millions and ten millions.

London milk is not so bad as its old reputation leads the world to suppose. I do not believe that either chalk or sheeps' brains are largely mixed up. Certainly "the cow with the iron tail" (the pump to wit) gives copious dilutions to the kindly gifts of the cow proper. And there are 200,000 of cows in the metropolitan dairies and suburbs—one of them within a stone's throw of where I write, and in which beautifully clean, carefully tended, glossy fat, well fed, are about one hundred cows of the finest breeds. Much milk also comes from the country, one railway bringing three million quarts annually.

The *vegetables* are chiefly raised in the alluvial valleys, between London and Greenwich. Thirty-five thousand persons are employed in furnishing them to the dishes of the metropolis. Whenever there is a dearth of vegetables, telegrams are sent for supplies to Holland, France, and Belgium, and, in answer to the appeal, France has sent by sea and the South Eastern Railway as many as one hundred tons of peas, twenty-five tons of plums, and ten tons of black currants, in a single night.

The *liquids* consumed in London, besides water, (now increasingly used in connection with public fountains and the progress of temperance,) amount to nearly *a thousand million tumblers* of ale and porter.

Of *bread*, there are made four hundred and thirteen millions of half-quartern loaves, and buns and tarts in proportion.

Love and the Doctors.—The following extracts are taken from "A Book about Doctors," recently published in London:—

"Love has not unfrequently smiled on doctors, and elevated them to positions at which they would never have arrived by their professional labors. Sir Lucas Pepys, who married the Countess de Rothes, and Sir Henry Halford, whose wife was a daughter of the eleventh Lord St. John of Bletsoe, are conspicuous among the more modern instances of medical practitioners advancing their social position by aristocratic alliances. Not less fortunate was the farcical Sir John Hill, who gained for a bride the Hon. Mrs. Jones, a daughter of Lord Raneleigh—a nobleman whose eccentric opinion that the welfare of the country required a continual intermixture of the upper and lower classes of society, was a frequent object of ridicule with the caricaturists and lampoon-writers of his time.

"But the greatest prize ever made by an Æsculapius in the marriage market was that acquired by Sir Hugh Smithson, who won the hand of Percy's proud heiress, and was created the Duke of Northumberland. The son of a Yorkshire baronet's younger son, Hugh Smithson, was educated for an apothecary—a vocation about the same time followed for several years by Sir Thomas Geery Cullum, before he succeeded to the family estate and dignity. Hugh Smithson's place of business was Hatton Garden; but the length of time that he there presided over a pestle and mortar is uncertain. In 1736, he became a Fellow of the Society of Antiquaries, but he withdrew from that learned body, on the books of which his signature may be found, in the year 1740. A few months after this secession, Sir Hugh led to the altar the only child and heiress of Algernon Seymour, Duke of Somerset. There still lives a tradition that the lady made the offer to Sir Hugh immediately after his rejection by a famous belle of private rank and modest wealth."

How some of the wooers looked when wedded, the annexed passages will show:—

"Dr. Cadogan, of Charles the Second's time, was, like Sir John Eliot, a favorite with the ladies. His wont was to spend his days in shooting and his evenings in flirtation. To the former of these tastes the following lines refer:

"'Doctor, all game you either ought to shun,
Or sport no longer with the unsteady gun;
But, like physicians of undoubted skill,
Gladly attempt what never fails to kill,
Not *lead's* uncertain dross, but physic's deadly pill.'

"Whether he was a good shot we cannot say; but he was sufficiently adroit as a squire of dames, for he secured as his wife a wealthy lady, over whose property he had unfettered control. Against the money, however, there were two important points figuring under the head of 'set-off'—the bride was old and queru-

lous. Of course such a woman was unfitted to live with an eminent physician, on whom bevies of court ladies smiled, whenever he went west of Charing Cross.

"After spending a few months in alternate fits of jealous hate and jealous fondness, the poor creature conceived the terrible fancy that her husband was destroying her with poison, and so ridding his life of her execrable temper. One day, when surrounded by her friends, and in the presence of her lord and master, she fell on her back in a state of hysterical spasms, exclaiming, 'Ah! he has killed me at last. I am poisoned!' 'Poisoned!' cried the lady friends, turning up the whites of their eyes. 'Oh! gracious goodness! you have done it, doctor!' 'What do you accuse me of?' asked the doctor, with surprise. 'I accuse you—of—killing me—ee,' responded the wife, doing her best to imitate a death struggle. 'Ladies,' answered the doctor, with admirable nonchalance, bowing to Mrs. Cadogan's bosom associates, 'it is perfectly false. You are quite welcome to open her at once, and then you'll discover the calumny.'"

John Hunter at Home.—John Hunter had no sympathy with his wife's poetical aspirations, still less with the society which those aspirations led her to cultivate. Grudging the time which the labors of practice prevented him from devoting to the pursuits of his museum and laboratory, he could not restrain his too irritable temper when Mrs. Hunter's frivolous amusements deprived him of the quiet requisite for study. Even the fee of a patient who called him from his dissecting instruments could not reconcile him to the interruption. "I must go," he would say, reluctantly, to his friend Lynn, when the living summoned him from his investigations among the dead, "and earn this d——d guinea, or I shall be sure to want it to-morrow."

Imagine the wrath of such a man finding, on his return from a long day's work, his house full of musical professors, connoisseurs, and fashionable idlers—in fact, all the confusion and hubbub, and heat of a grand party, which his lady had forgotten to inform him was that evening to come off! Walking straight into the middle of the principal reception room, he faced round and surveyed his unwelcome guests, who were not a little surprised to see him—dusty, toil-worn, and grim—so unlike what "the man of the house" ought to be on such an occasion. "I knew nothing," was the brief address to the astounded crowd, "I knew nothing of this kick-up, and I ought to have been informed of it beforehand; but, as I have now returned home to study, I hope the present company will retire." Mrs. Hunter's drawing rooms were speedily empty.

Dr. Edward Warren, having resumed his professorship at the University of Maryland, Baltimore, has withdrawn from the editorship of the *Medical and Surgical Journal* of North Carolina.

Method of Treating Disease among the Digger Indians.—A Californian correspondent of the *Inquirer* gives the following account of the manner of treatment by the hot-air and sand-baths which they consider a panacea:

An immense oven is built, with a hole for the entrance of the digger, and another for the egress of the smoke. A fire is built near the hole made for the accommodation of the former, and the patients enter it in numbers, and remain till they have sweated for a length of time, occasionally scraping the odorous sudatory excretion from their bodies with a piece of iron hoop or a stone. As soon as they have sweated sufficiently, they plunge into the river, on emerging from which their cure is supposed to be complete.

Their sand-baths, though similar in principle, differ somewhat in the mode of their application. A trench is dug, in which a fire is built, and allowed to burn for some time. When the ground is considered to be sufficiently heated, the fire is removed, and after stirring the earth with a stick, so that the heat may be equally diffused, the patient is placed in the trench and covered with sand, leaving only his head out. The result, of course, is a profuse perspiration, after which the same cold plunge takes place, which succeeds the *temeschal,* or hot-air bath.

Poisoned Confectionery.—As the season is approaching at which confectionery is extensively manufactured and consumed, a timely allusion to the fact that much of it is colored with highly poisonous articles may be the means of saving life. During the holiday season, last winter, several cases of poisoning from this cause occurred, which nearly proved fatal. In producing some of the brightest tints of green, yellow, and blue, preparations of either arsenic, copper, or lead, seem to be essential. The worst cases of poisoning from eating confectionery have been attributable to that which was colored green, by the arsenite of copper.

A criminal prosecution of the manufacturers of poisonous confectionery, which is made ornamental for the purpose of attracting children, would be the best means of insuring the discontinuance of the practice.

A New "Pathy."—A quack in Prussia has published a tract entitled "Cider, Milk, and Water the Only and Best Medicinal Agents." Here is an extract showing the general style: "The magneto-physical stream of this mighty fullness of the gifts of nature penetrates marrow and bone only for their weal, alarms what is unnatural, excretes unhealthy humors, together with old deposits of medicinal substances, whereby the natural vigor regains its life and helps itself." ! ! !

Hospitals for Consumptives seem to be in favor in London. A new one is designed to be established in the northern part of the city.

Composition of Apples.—All know, says an exchange, that the various sorts of apples differ much in composition, yet, in an average condition, 100 pounds of fresh apples contain about 3.2 pounds of fibre, 0.2 pounds of gluten, fat, and wax, 0.16 of casem, 1.4 of albumen, 3.1 of dextrine, 8.3 of sugar, 0.3 of malic acid, 82.66 of water. Besides the above-mentioned elements, the apple contains a small quantity of tanic and gallic acids, most in the russets. To these acids, apples owe their astringency of taste, and the blackening of iron or steel instruments used to cut them. The percentage of ash in the apple is small, yet it is rich in phosphoric and sulphuric acids, potash, and soda. The dry matter of melons contains quite a large percentage of albumen, casein, sugar, and dextrine, with a small quantity of acid.

Hygrometric Condition of a Bee-hive.—On placing a geranium-hygrometer in a hive between combs covered by bees, it shrank. Though the weather was so damp and rainy that the spirals were wholly unwound, it shrank into four twists. A hair-hygrometer being placed in a hive in damp weather, after half an hour indicated fine weather. Kitchen salt, which, outside of the hive, in the open air dissolved to water, became dry when laid in cells of combs covered by the bees. The atmosphere near the cluster of bees is, therefore, considerable drier than that without. There is indeed a considerable evaporation within the hive, but the water remains in the form of vapor in the vicinity of the cluster, while in other parts it condenses, as we see in winter in the drops and icicles which are found at a distance from the cluster.

Twenty-four Young Egyptians, we are informed by a German paper, had come to the University of Munich to study medicine. They were, of course, indulged in their peculiar habits; but finally their conduct became so extravagant and disreputable that the government found it necessary to interfere, and they were transported from station to station, under the supervision of the police to Trieste, there placed on a steamer, and sent home.

Maternal Impressions on the Fœtus.—A correspondent of the *Dental Cosmos* gives an account of a young lady in whom the front upper incisors of both the first set and the permanent teeth have been absent. Before the birth of this person, and during the mother's gestation, the latter saw the child of a relative which had received an injury that knocked out some of its incisors.

A Thousand Animals Burned Alive.—An extraordinary instance of the destruction of animals, by burning, occurred recently at the loss of the steamer Pacific, on the Ohio river. One thousand head of live-stock, including horses, mules, oxen, and sheep, perished in the flames.

Rail-Car Ventilation.—In the City Inspector's Report, New York, for 1859, we find the following:—

"The want of proper ventilation in the rail-cars of the city has become a subject of importance to the traveling community. Under the most favorable circumstances, the travel in the cars of this city is attended with no inconsiderable hazard to those whose business compels their use. It is of frequent occurrence, with at least one of the up-town trains, to stop and take in invalids when they present themselves, who may be on their way to some public hospital, without regard to the health of other passengers. Frequently from thirty to forty persons are crowded together in these cars, the doors closed, and with no possible escape for the foul air that is immediately generated. All complaints upon this subject are unavailing; to the managers gain is everything; the public health and convenience nothing. Many of our citizens prefer cold and exposure, from a stand outside of the car, to the hazard of contagion from a seat within."

Similar remarks can be made about the cars in this city.

Books and Pamphlets Received.—Sixth Registration Report: South Carolina. 1859. By Rob. W. Gibbes, Jr., M. D., Registrar.

Introductory Discourse on Speculative Medicine, delivered in the Medical Department of Pennsylvania College Oct. 8th, 1860. By Henry Hartshorne, M. D., Professor of Theory and Practice of Medicine.

An Introductory Lecture delivered in the University of Maryland. By Edward Warren, M. D., Professor of Therapeutics and Materia Medica. Baltimore. 1860.

A Colloquy on the Duties and Elements of a Physician. By Thomas S. Powell, Professor of Obstetrics in the Atlanta Medical College, written at the request of his private class.

Transactions of the State Medical Society of Indiana, at its eleventh annual session, held in the city of Indianapolis, May 17th and 18th, 1860. Richmond, Ind.

Dr. H. L. Byrd, of the Oglethorpe *Medical and Surgical Journal*, published at Savannah, proposes to collect the names of all the diplomated physicians in Georgia. He is issuing blanks to physicians in all parts of the State. His plan embraces name, place, and date of birth, with the names of the institutions from which they graduated, and the date of graduation.

Burning of an Insane Asylum.—The Western Insane Asylum, at Hopkinsville, the largest and most costly building in Kentucky, was burned on Friday morning. The inmates, except one, were saved. Loss on the building, $200,000.

The Microscope vs. *Corn Doctors.*—Dr. G. L. Collins, of Providence, R. I., makes the following exposé of the "corn-doctor" humbug:

It is well known that certain persons, under the name of "Corn Doctors," go about the country removing corns, "roots," and all for a consideration, which is greater or less in proportion to the number of roots which each corn may chance to have. We hear of some as having three roots, some four, and some five or six. Now, the removal of one of these five-rooters, at five dollars a root, which, we believe, is the fashionable price, makes a nice little bill, as some of our good citizens can testify; and we doubt not but some of them would be willing to turn "Corn Doctors" themselves, if they knew how easy the process is, and could be sure of the five dollars a "root."

We know there is a little inexpensive operation which, when skilfully performed upon an offending toe, gives great relief for a time. This consists in removing, with a little instrument, the thickened and hardened scarf-skin, which lies upon the sensitive and aching papillæ beneath. This done, the corn is easy until the scarf-skin accumulates again, when it may again be relieved by the same process. To the operators, who profess to do no more than this, there can be no objection; but there is another class who warrant a *permanent* cure by the radical grubbing process—will pull out every root, be there ever so many, and give them back to you done up in a little bit of paper, which you can put in *your* pocket in place of the little papers that you transfer to *his*.

We chanced, a short time since, to meet with a few specimens of these corn "roots" in the hands of a friend, which had been extracted by an expert operator while on a visit at a fashionable watering place during the last season. The toe of our friend was easy, and the little offending "roots" were carefully kept and exhibited as a curiosity, which they certainly were. There were *twelve* of them, taken from two or three corns. They were astonishingly alike, hard and glistening, about an eighth of an inch long, round, and about as large as the wire from which ordinary pins are made, with smooth and diagonally cut ends, the surfaces of which were parallel to each other, giving them almost the regularity of crystals.

We begged one, as a favor, for our microscope. We hoped to make a new discovery in science, which we intended to communicate to the next number of the *Chiropodists' Journal.*

We commenced our examination. The "root" is first placed whole under our one-inch objective. It looks queerly. What is it? round, a little twisted, cut extremities—how wonderful! A little piece is now cut off, and an alkaline solution applied. Another look through the glass. It is found to be no crystal, but *really* an animal tissue. The whole is now put in water. In a few moments it is soft and flexible. It is easily cleft in one direction, but very strong and tough in the other. A little shred is taken off and put under another glass, which magnifies it forty thousand times. Another look is taken. It is all plain now. All stands revealed under the scrutinizing glance of the wonderful tube. And what is it? the root of a corn? Oh! no; nothing like it. It is a peculiar form of fibrous tissue; simply a little piece of the very useful article sold in the shops under the not very euphonious name of "catgut," and no more like the minute structure to be found in corns than bone is like muscle. For a penny, you can buy enough material—requiring only the cutting off into proper lengths—to bring you a thousand dollars at five dollars a "root," provided, when you pull the "roots" you are also able to pull the wool over the eyes of the confiding patient.

Philadelphia County Medical Society.—The December Conversational Meeting will be held at the usual place and hour, on Wednesday evening next, the 12th instant. The Differential Diagnosis of Ovarian Tumors is the subject selected for discussion, and will be introduced by Dr. Washington L. Atlee, who has had an extensive experience in ovarian disease. The several papers which Dr. Atlee read before the society last winter, on the same subject, were well received, and its continuation at this meeting will insure a large attendance.

Army and Navy.—Surgeon James C. Palmer and Passed Assistant-Surgeon James F. Harrison have been ordered to the Naval Academy.

Drs. Wm. Grier, Surgeon and Assistant-Surgeon Iglehart, both detached from the Naval Academy, have been ordered to the U. S. sloop Macedonian, fitting out at Portsmouth, N. H.

MARRIAGES.

Swayze—Simington.—On Thursday evening, November 8th, at the residence of the bride's father, by Rev. C. Park, George B. H. Swayze, M. D., to Miss Maggie A. Simington, daughter of Gen. Robt. Simington, all of Mooresburg, Montour county, Pa.

Moon—Jackson.—On the 29th ult., by Rev. M. Winston, Wm. P. Moon, M. D., to Susie H. Jackson, youngest daughter of Wm. B. Jackson, all of this city.

DEATHS.

Watson—On the 28th of November, Mrs. Charlotte S., wife of Dr. W. H. Watson, of Bedford, Pa., in the 46th year of her age.

Wall.—In Calhoun, Gordon county, Georgia, November 7th, W. W. Wall, M. D.

Meigs.—On December 4th, of scarlet fever, Mary Hope, daughter of Dr. J. Forsyth Meigs, aged 3 years and 11 months.

Bower.—On Tuesday noon, November 27th, of apoplexy, Dr. Wm. Bower, aged 43 years.

Dr. Bower was born in Myerstown, Lebanon county, Pa., on the 6th day of November, 1817. He was a son of Dr. Henry Bower. He commenced the practice of medicine soon after the death of his father, and practiced up to the time of his death. In the fall of 1857 he had a paralytic attack, which disabled him to some extent. The death of Dr. Bower deserves more than a passing notice. Cut down in the dawn of manhood, the blow falls heavily upon the grief-stricken family, whose sad consolation it was to witness his sudden death. The knell was then yet to ring to the hearts of two of his sons away at college. God tempers the blows to the sorrowing hearts. In a sudden and unexpected bereavement like this, the heart is too sensibly impressed with its own sorrow to realize the extent of the loss sustained. The affliction is too great a calamity to ourselves—strikes too deeply to allow us to dwell with becoming calmness upon the merits of the deceased; justice, however, to his memory, imposes the task upon us. Living, we loved him—dead, we feel that affection was worthily bestowed. In him resided the kindly and honorable affections of a manly soul. Genial, warm-hearted, open, frank, and sympathising, with feelings always ready to respond to the promptings of a generous nature, his warm social feelings endeared him to his friends, and the excellent qualities of his understanding made him respected by all who knew him. As a physician, he had very few equals; always kind to the poor. In industry he never flagged. He had a rigid regard for truth, and an integrity that was above any impeachment. In his business, honest, upright—governed by a strict sense of honor and justice. Though dead, his friends will long cherish his memory, for they knew and appreciated the character and qualities of his mind and heart. B. B.

Myerstown, Nov. 28, 1860.

—o—

Answers to Correspondents.

D. M.—Apply to the Deans of the College, and present your credentials. The expense would probably not exceed that of the matriculation and graduation fees.

F. G.—The most certain way of having an apparatus made to fit accurately is to make a plaster or wax cast of the deformity, and send it to the instrument maker by express.

When deformities are very complicated, the instrument makers frequently take casts to work by, even when the patient is remaining in the city.

Accurate measurements, accompanied with a correct drawing, or a photograph, would perhaps be sufficient.

D. R.—There are several special courses on obstetrics, and facilities for midwifery practice are abundant. Each student is supplied with a number of cases if he desires them.

J. J. S.—The fault of your iron wire is that it is too thick, and not properly *annealed*. It may be made finer by the use of a simple instrument called by mechanics a "wire drawer." To anneal it properly, it is only requisite to heat it to redness and allow it to cool *gradually*. The slow cooling is best accomplished by allowing the fire to go out while the wire still remains in it.

COMMUNICATIONS RECEIVED.

Alabama—Dr. E. H. Sholl. *Delaware*—Drs. Jump and Jones, (with encl.) *Florida*—Dr. T. S. Means, (with encl.) *Indiana*—Dr. John Lewis, (with encl.,) Dr. G. W. Robbins, (with encl.) *Illinois*—S. B. Dugger, Esq. *Massachusetts*—Dr. W. T. Brackett. *New York*—Dr. MacNicholl, (6,) Dr. C. C Gay, (with encl.,) Dr. J. Firmenich, (with encl.,) Dr. S. D. Willard, (2,) Dr. C. B. Hutchins, (with encl.,) Dr. E. Gere, (with encl.,) Dr. S. F. Mixer, (with encl.,) Dr. S. Dallenbaugh, (with encl.,) Dr. J. S. Crowley, Dr. E. Stork, (with encl.) *Pennsylvania*—Mr. W. H. Wenrich, Dr. G. W. James, (with encl.,) Mr. John Hulme, Dr. D. D. Walton, (with encl.,) Dr. W. H. Seip, (with encl.,) Dr. P. W. Bush, (with encl.,) Dr. B. H. Throop, (with encl.,) Dr. W. Green, (with encl.,) Dr. F. Bodeman, (with encl.,) Dr. T. Stewart, (with encl.,) Dr. C. Marr, (with encl.,) Dr. S. M. Wheeler, (with encl.,) Dr. W. E. Allen, (with encl.,) Dr. E. B. Evans, (with encl.,) Dr. J. W. Gibbs, (with encl.,) Dr. John Curwen, (with encl.,) Dr. G. B. Swayze, Dr. R. B. Mowry, (with encl.,) Dr. C. Hermansader, Dr. G. S. Kemble, (with encl.)

Office Payments—Dr. M. Emanuel, (Pa.,) Dr. E. H. Pentz, (Pa.,) Dr. H. K. Nutze, Dr. J. Hillegass, (Pa.) By Mr. Swaine: Dr. C. B. Ruffell.

DR. GIBBS' SECOND CIRCULAR.

We would tender our thanks to the editors of those journals who have favorably noticed our enterprise, to which reference was made in a former circular, and also to those physicians who have promptly responded by sending us their names. That the honor and dignity of American medicine demands such a work, as we propose, will be conceded by all. *Braithwait and Ranking* are valuable works; but they are in no manner exponents of American medical literature. More than that, the above mentioned works deal with *journals only*, while the *Year Book* proposes to give a *synopsis*, not only of *journals*, but *books*, *society*, *transactions*, *&c.* Ranking and Braithwait are both well sustained, both in the original and in the reprints. Shall the *Year Book* fail of issue for want of encouragement? For the honor of American medicine and American physicians, we hope not.

What we wish, at present, to say, is that no publisher is willing to take the risk of the first year's issue, and we have determined not to publish with a subscription list less than 500. Our list numbers now *less than a hundred*. We are, however, glad to say the first names in the profession are there.

The venerable Valentine Mott says, "I have read with great interest and profit your *Monthly Summary* in the *American Medical Monthly*. Your enterprise has my cordial support, and you will please *add my name to your list of subscribers to the* Year Book."

If journals will still continue their kind words of encouragement, and subscribers will still continue to send in their names, the work may yet go to press early in the coming year.

It will be remembered that our terms are $3 a year, payment to be made on publication.

Books, society transactions, journals, and subscribers names, to be directed to

O. C. Gibbs, M. D.,
Frewsburg, Chautaugua Co., N. Y.

MORTALITY OF CITIES DURING THE WEEK ENDING NOVEMBER 24, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	205	369	.....	121	69	.....	.....	22	.....	.....	.....
Males	117	197	.....	63	31	.....	.....	15	.....	.....	.....
Females	88	172	.....	50	38	.....	.....	7	.....	.....	.....
Sex not stated	.....	.....	.....	8	.....	.....	.....	.....	.....	.....	.....
Whites	197	362	.....	103	.....	.....	.....	7	.....	.....	.....
Black and colored	8	7	.....	16	.....	.....	.....	15	.....	.....	.....
United States	148	242	.....	62	42	.....	.....	21	.....	.....	.....
Foreign countries	46	126	.....	38	27	.....	.....	1	.....	.....	.....
Nativity unknown	11	1	.....	21	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	89	177	.....	48	28	.....	.....	.....	.....	.....	.....
5 to 10 years	14	25	.....	5	5	.....	.....	.....	.....	.....	.....
10 to 20 "	10	13	.....	2		.....	.....	.....	.....	.....	.....
20 to 50 "	50	101	.....	48	36	.....	.....	4	.....	.....	.....
50 and over	42	53	.....	8		.....	.....	5	.....	.....	.....
Unknown	.....	.....	.....	10	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	8	8	.....	1	1	.....	.....	.....	.....	.....	.....
Cholera Infantum	1	2	.....	5	.....	.....	.....	1	.....	.....	.....
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Diarrhœa	2	4	.....	9	2	.....	.....	.....	.....	.....	.....
Diphtheria	8	14	.....	3	1	.....	.....	.....	.....	.....	.....
Dysentery	.....	4	.....	4	.....	.....	.....	.....	.....	.....	.....
Erysipelas	1	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	1	3	.....	2	.....	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
" typhoid	7	3	.....	3	1	.....	.....	.....	.....	.....	.....
" typhus	.....	7	.....	.....	.....	.....	.....	.....	.....	.....	.....
" scarlet	22	29	.....	5	7	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	1	4	.....	.....	1	.....	.....	.....	.....	.....	.....
Measles	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	3	7	.....	2	.....	.....	.....	.....	.....	.....	.....
Congestion of Lungs	1	8	.....	.....	1	.....	.....	1	.....	.....	.....
Consumption	30	58	.....	20	15	.....	.....	1	.....	.....	.....
Pneumonia	4	27	.....	4	2	.....	.....	1	.....	.....	.....
Hemorrhage from Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	1	1	.....	.....	2	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	6	.....	2	.....	.....	.....	2	.....	.....	.....
Convulsions	10	31	.....	7	1	.....	.....	.....	.....	.....	.....
Congestion of Brain	3	.....	.....	.....	1	.....	.....	2	.....	.....	.....
Disease of Brain	1	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Delirium Tremens	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	1	.....	1	6	.....	.....	.....	.....	.....	.....
Hydrocephalus	2	9	.....	.....	.....	.....	.....	1	.....	.....	.....
Inflammation of Brain	4	9	.....	2	.....	.....	.....	.....	.....	.....	.....
Paralysis	4	2	.....	2	.....	.....	.....	.....	.....	.....	.....
Tetanus	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	3	7	.....	3	1	.....	.....	1	.....	.....	.....
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hepatitis	2	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	5	1	.....	2	1	.....	.....	2	.....	.....	.....
Marasmus	4	18	.....	5	1	.....	.....	.....	.....	.....	.....
Peritonitis	1	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	1	.....	.....	4	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	3	2	.....	.....	2	.....	.....	.....	.....	.....	.....
Dropsy	8	10	.....	1	.....	.....	.....	2	.....	.....	.....
Debility, etc	4	12	.....	3	2	.....	.....	.....	.....	.....	.....
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	3	1	.....	.....	1	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Fever	.....	2	.....	1		.....	.....	.....	.....	.....	.....
Diseased Womb	.....	1	.....	2	.....	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	7	15	.....	6	1	.....	.....	1	.....	.....	.....
Poisoning	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Stillborn	14	.....	.....	6	.....	.....	.....	.....	.....	.....	.....
All other causes	23	39	.....	14	11	.....	.....	7	.....	.....	.....

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Cases of Abnormal Urinary Deposits.

By A. W. Woodhull, M. D.,
Of Newark, N. J.

OXALATE OF LIME.

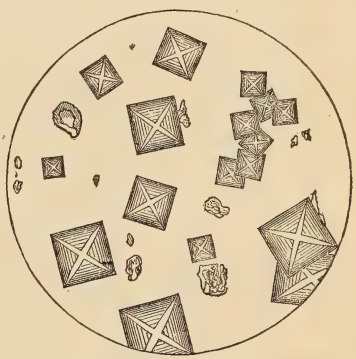
Case 2.—Mr. D——, aged 42. Tailor; married; formerly intemperate. He was pale and emaciated, had a narrow, contracted, thorax, a stoop in his shoulders, and a short dry hacking cough.

He had almost constant dyspepsia, characterized by a poor appetite, constipation, vomiting, with severe pain, often in the gastric, and almost constantly in the lumbar region. His temper was very irritable, and he would frequently be seized with spells of the most profound melancholy.

An examination revealed a slight tuberculous deposit in the apex of the right lung; and a systolic murmur was distinctly audible, which was attributed to the impoverished condition of his blood, rather than to any organic lesion. He described his urine as slightly above the natural quantity, rather light in color, and producing a smarting sensation in the urethra.

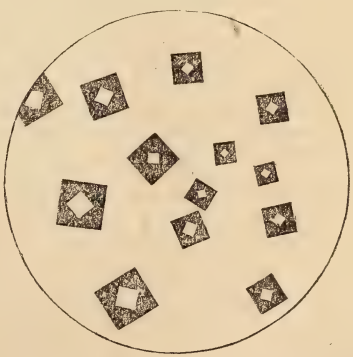
Four ounces of his urine were given for examination. Specific gravity 1028½—acid. In 1000 grains, there were about 66 grains of solid matter. The color was very pale, and it let fall a light-colored deposit, composed of pale urate of ammonia and mucus; there were also large quantities of urea present. Four drachms were placed in a test-tube and allowed to settle, when the upper three drachms were decanted, and the remaining drachm placed in a watch-glass, and held over a gentle heat. It became much clearer by the solution of the urates; after a few moments, the larger portion of the fluid was removed, and replaced by pure water. White crystals were now distinctly visible to the unaided eye, and, under a magnifying power of 200 diameters, great numbers of the crystals of oxalate of lime were seen, as represented in fig. 1. When these crystals were allowed to

Fig. 1.



remain upon the slip of glass until the fluid had evaporated, the appearance indicated in fig. 2 was obtained; and it was a sight of sin-

Fig. 2.



gular beauty to watch the gradual transition of the crystals from one appearance to the other.

The patient had extremely little faith in the value of remedies, saying he "had tried everything, and would rather be let alone to die." But upon the idea being strongly pressed that he could be helped, he yielded implicitly to directions. He was directed to dress warmly, to take a tepid bath every third day, to take as much exercise by walking as he could without producing fatigue, to eat lightly, but of as nourishing food as his stomach would retain, and his stimulus was restricted to a glass of lager-bier twice daily.

He was given 5 grains of pil. cath. comp. every 3 hours, until his bowels were well opened, and the hepatic torpidity was overcome, after which he was given the following:

℞. Acidi nitrici diluti, ʒss.
Acidi hydrochlorici diluti, ʒj.
Syrupi zingiberis,
Syrupi aurantii, āā ℥j.
Infus. serpentariæ, ℥vj. M.
Cap. coch. mag. ter in die.

In eight days he began to speak encouragingly of himself, that his appetite was better, his stomach stronger, he slept better, and, better than all, the dragging pain in his lumbar region had almost left him. His bowels were kept in a proper condition by the following pills:

℞. Ext. hyoscyami, gr. iij.
Ext. nucis vomicæ, gr. vj.
Ext. aloes socot.,
Ext. rhei, āā gr. xii. M.
Ft. mass. divid. in pil. No. xii. Cap. duo vel tres quaque die.

This was all the treatment he ever received at my hands. His urine gradually became free from the oxalate, and his recovery was in direct ratio to its disappearance, until at the end of two months he expressed himself "as well as he ever was," and the depressed hypochondriacal invalid became a fresh, hale, hearty man, able to compete with any one in working at the trade he had so long thrown aside.

General Remarks on Oxalate of Lime.—Until a comparatively recent period, all interest connected with oxalate of lime was derived from its importance as it existed in the form of calculus. Its existence in any other condition was, for a long time, entirely unknown; and, as late as twenty years ago, a crystaline deposit of this substance, even in cases where calculi were formed, was supposed to be extremely rare.

During this time great light has been thrown upon the subject by the untiring and learned researches of several observers; but preëminent among them stands Dr. Golding Bird, who has been chiefly instrumental in bringing the proper importance of such substances before the profession; and it will be my privilege and pleasure, in this article, largely to draw from material his industry has supplied. He first discovered oxalate of lime as a crystaline deposit. The announcement he made of his discovery was, at first, met with a large amount of incredulity, which was followed by a revulsion equally absurd, namely, that it is of constant occurrence, and of no importance whatever—an assertion to which many sufferers can enter a feeling protest.

But now its proper status seems to have been attained, and it is recognized as a deposit frequently present in the urine, and of the greatest importance in its relations to one of the most distressing forms of calculous concretions, as well as in its pathology, as connected with some of the most aggravating diseases that fall to the lot of man. It is not surprising that it was for so long a time undetected, for while it is diffused through the urine in isolated crystals, it is absolutely impossible certainly to demonstrate its presence without the aid of the microscope.

Urine containing an excess of oxalate of lime is usually, though by no means always, of a dark amber hue, often being of a pale color tinged with a shade of green. Its odor is in most cases natural, rarely being of an aromatic character, resembling mignionette. It is always acid. Its specific gravity may vary from 1010 to 1030, the average being about 1020; and, with few exceptions, the quantity of the oxalate bears a direct ratio to the weight of the specimen.

The quantity of fluid voided seldom varies from that of health, although sometimes the frequent desire to evacuate the bladder, caused by local irritability, may lead to an error.

A large amount of epithelial debris is frequently found present; indeed, so constantly has it been found, that it should always lead to a suspicion of the presence of the oxalate. It often contains uric acid and the urates in excess, and almost always an abnormally large quantity of urea.

It is very seldom that the oxalate exists in the urine as a distinct deposit, but it may remain diffused, even when present in so large

quantities that a single drop, subjected to a proper magnifying power, will be found to be loaded with its crystals.

When present in so large quantities, the crystals will be deposited upon any substance capable of being a nucleus, as a hair or piece of thread, and careful investigation will sometimes reveal them in the act of forming around a large crystal of uric acid, thus enabling us to watch, in the clear field of the microscope, the incipient stages of those once mysterious combinations which exist in almost every calculus. Crystals of the oxalate of lime are very transparent, and have nearly the same specific gravity, as well as the same refractive power, as the urine itself.

Tests.—The best way to detect crystals of this salt is to allow the suspected specimen to stand a few hours; the upper five-sixths may then be carefully poured off, and the lower stratum placed in a watch-glass, or a porcelain capsule, and gently heated. The heat will cause the liquid to become specifically lighter, as well as clear up any cloud of the urate of ammonia, when the crystals of the oxalate, if they be present, will be precipitated to the bottom, where they may be made to congregate, by giving the capsule a slight rotatory motion. The supernatant fluid should now be removed by means of a pipette, and a small quantity of distilled water added, when the minute glistening crystals will be more distinctly visible, owing to the greater difference of the refractive power of the water and the crystals.

Should any urates now be present, the fluid should again be heated, when the crystals will be found at the bottom, from whence they may be removed for microscopic inspection, or for testing with re-agents. These crystals afford to the microscopist a beautiful and interesting field for observation. Their shape is octohedral, their edges and angles are clearly and sharply defined, and they vary in size from 1-750 to 1-5600 of an inch in diameter. When examined with a bright light, each crystal resembles a cube diagonally crossed by two band-like marks, gradually coming to a point at the corners, the point of intersection of these marks being one of the apices of the octohedron, (see fig. 1.) When examined with polarized light, these crystals will be found to have little or no action upon it, remaining nearly invisible when the field is dark. When allowed to dry upon a slip of glass, each crystal presents the appearance shown in fig. 2, owing to the rays of light from the greater part of the crystal being refracted beyond the field of vision. When again moistened, they re-assume their original form.

Oxalate of lime is insoluble in cold or hot water, in acetic or oxalic acid, or in a solution of potash; it is readily soluble in dilute nitric or hydrochloric acid, and by neutralizing such solution with potash or ammonia, it will again be thrown down in the form of a white precipitate. If the crystals be collected and ignited before a blow-pipe, or on a platinum foil, they undergo little or no blackening, the oxalic acid ($C_2 O_3$) is decomposed, and they become converted into carbonate of lime, (CaO, CO_2,) which dissolves with effervescence upon the addition of dilute hydrochloric or nitric acid. By dissolving the carbonate thus obtained in acid, it gives a white precipitate when neutralized with oxalate of ammonia, but none with ammonia itself.

If the heat, which, as stated, will decompose the oxalate of lime, be increased to a sufficient intensity, the carbonate itself will be decomposed, and caustic lime (Ca O) alone will be left.

Crystals, which have generally been called oxalate of lime, are occasionally met with, presenting microscopic and chemical differences from those which have been described. Their shape resembles that of a dumb-bell—whence their name—or more, perhaps, that of two kidneys, with their concavities opposed, and their surfaces are finely striated, as may be seen in fig. 3, (from Dr. J. E. Bowman's Medical Chemistry.)

Fig. 3.

If these dumb-bells be kept in any liquid, for a length of time, they will gradually become converted into octohedra. Without detailing at length the many experiments and considerations which induce the conclusion, it will be

sufficient to state, that there is no longer much doubt that they are composed of *oxaluret* of lime. It may be proper to say, however, that by some observers the matter still rests in doubt, to be determined by future investigation.

Symptoms of Oxaluria.—It is rare that the same symptoms exist in any two cases. Those detailed in Case II. are a fair type. They seem to vary with the temperaments and habits of the persons in whom they are found. The most frequent are severe and intractable dyspepsia, accompanied by great emaciation, depression of spirits, and sometimes even persistent melancholy and hypochondriasis. Sometimes there exists impaired nutrition alone, sometimes anæmia, and often loss of sexual powers. In some cases, there are manifest great irritability of the bladder, pain and dragging in the lumbar region, and many of the most common minor symptoms of impaired health.

The palms of the hands and soles of the feet are often dry and parched, and there sometimes exists a tendency to extensive furuncular eruption.

The complexion is sometimes of a peculiar lurid greenish hue, but oftener it has the dusky tinge so common in certain forms of dyspepsia.

Dr. Bird has met with but few cases in which phthisis was present, and he has seen but few instances terminate in calculus.

Oxalate of Lime as Calculus.—The chemical constituents of the "Mulberry Calculus" were first discovered by Dr. Wollaston, in 1797. These concretions are usually of a very dark color, either brown or dark olive, sometimes of a dingy purple. Their shape is generally spheroidal, and their texture very dense and compact. Their external surface is irregular and rugged, and they derive their name from their resemblance to the knobbed fruit of the mulberry. Their internal surface, when cut, presents eccentric laminæ, arranged like fortification agate, and susceptible of a high polish; when fractured, it is uneven and splintery.

The chemical tests for the calculi are the same as those which have been offered for the crystals obtained from a deposit. They are rarely met with in a perfectly pure state, being usually associated with urate of ammonia, uric acid, urate and carbonate of lime, coloring matter and blood.

The nucleus may be of the oxalate itself, but more commonly it consists of uric acid or urate of lime.

Of 374 calculi at present collected in the museum of Guy's Hospital, 47 have a nucleus of oxalate of lime; of these, the number of bodies consisting of nearly pure oxalate was 19
" uric acid or urates " 8
" phosphates " 14
compound " 6—47.

Of 32 separate calculi removed by Prof. N. R. Smith, of Baltimore, 10 were of pure oxalate of lime.

Of 71 separate specimens removed by Dr. Dudley, of Kentucky, there was a predominance of oxalate of lime in the *nuclei* in 14. Of these, 9 were pure, and in 5 the bodies were composed of other substances; and there were 10 calculi in which the *bodies* were principally composed of the oxalate; so that we find 24 of 71 calculi, in which the oxalate of lime enters largely as a constituent.

Of 69 calculi removed in different parts of Tennessee, we find a predominance of the oxalate in the *nuclei* in 14,—in the *bodies* in 15,—thus entering as an element in 29 of 69 specimens.

These statistics will serve to show the relative frequency with which the oxalate of lime usually exists; the ratio being, according to Dr. Prout, 1:4.33, but according to these data 1:4.96: the higher ratio existing in this country, being doubtless attributable to the greater prevalence of lime-stone waters in the sections in which they were removed, thus affording greater opportunities for this peculiar combination.

A glance at the above ratios is sufficient to establish the great importance of this substance, and to impress upon every one the obligation to bring whatever light he is able, to aid in elucidating those points, which even yet are wrapped in partial obscurity.

(In the next of these papers, a second case of oxalate of lime will be presented, in which it is proposed to treat of its *pathology* and *therapeutical indications.*)

——o——

Mrs. Mary Haller died in Wythe county, Va., last week. She was in her eighty-fourth year—had been married *sixty-seven* years—had *twelve* children, *sixty-two* grandchildren, *one hundred and twenty-four* great-grandchildren, and THREE *great-great grand-children.*

Adulteration of Aniseed.—It is said that aniseed is now adulterated with hemlock. The hemlock is allowed to grow wild with the aniseed, and by carelessness in the gathering a dangerous poison is mixed with the aromatic.

On Disease as manifested Epidemically and Epizoötically in the United States during the Summer and Autumn of 1860.

By M. L. Knapp, M. D., etc.

Facts are every day being elicited in regard to the manifestations of disease in man and animals. I say *disease* not *diseases*, though you took the liberty to alter the caption of my paper written from Baton Rouge, and make me say, "On diseases as manifested," etc. Now, Messrs. Editors, please restore my meaning, for unless you do, you undermine the foundations of the progress opened in my pathological researches. The burthen of my efforts is to show, by the broad and comprehensive manifestations of disease in the United States this year, an identity of nature in all, a one origin or beginning, caused by the meteorological unfavorableness of the season. It matters not whether the impoverishment of the blood or general dyscrasy in man and animals finally manifests itself, locally, in inflamed eyes or lungs, or in a general fever, the *essential nature* is the same—impaired nutrition.

Under my view of the case, all the varied manifestations of disease are explained. The bad season has so impaired the quality of the food of man and animals that they are let down in their nutrition, bad heat and air coöperating, of course.

Here the *causes* of disease and the *nature*, the *essential nature*, of all diseases (as custom has it in the plural) are explained.

Not so under the old view, that diseases are different things, specific entities, stalking contagions, infectious miasms. Under this view, there never has been any progress made toward a solution of the question, what is disease? What is the *essential nature* of all disease?

Broussais considered it a waste of time to devote any attention to this question, so impossible did he believe it of solution. And this appears to be the general conviction. But I have ventured to say that the *essential nature* of disease—of all disease—is impaired nutrition, and that this is all the essential element there is in disease, just as a *perfect* state of nutrition is the positive and essential element of health. I hold, therefore, that disease is no more capable of being justly considered plural than health.

My views of the causes of the outbreaks of epizoötics, this year and last, are corroborated in the main by the very philosophic brochure of Dr. Cartwright, of this city, (New Orleans,) on Malum Egyptiacum, Cold Plague, Diphtheria, or Black Tongue, published in pamphlet form last year, (1859.) Suffice it to say, he considers it the same, or nearly the same, as charbon, which form of disease I stated in my last had destroyed many cattle in Louisiana this season. He says:

"Charbon, from constitutional causes, is often epidemic among quadrupeds. It seems to be due to the development of a similar disease in the vegetable kingdom in unfavorable seasons and under peculiar circumstances. The grasses are liable to be infested with the *puccinia graminum*. It is found on all parts of these plants, even on the glume and beard. It consists of oval or linear pustules, of a black color, at the moment they break through the epidermis. The microscope shows that these pustules are composed of miniature plants, having a whitish filiform pedicle, surmounted by a black capsule divided into two lodges. The *linear uredo*, commonly called the *smut* or *rust*, in wheat, is of the same nature as the *puccinia* of the meadow grasses. The hay or straw infected by the puccinia or uredo is a very unwholesome nourishment for beasts; even the manure which is formed by it is regarded of a bad quality. The disease of rice, called the *carolo*, is of a similar nature with the *smut* in wheat. It consists of reddish spots on the leaves and stalks, covered with a yellow powder, which soon turns to a green color. Plants infected with the *uredo* or *charbon* abound in so much black powder as to discolor the clothing, face, and hands of the field laborers. The charbon of Indian corn is called the *uredo maydis*. It attacks the male flowers and the grains themselves. The part affected swells and forms a tumor of a white, red, or ash color, which is soon filled with a black powder. Very dry weather, as well as very wet weather, is favorable to the production o this disease in Indian corn. * * * *

"The affection called *charbon*, in cattle, is observed most commonly in those seasons and localities where a similar disease has preceded it in some one or other of the plants on which they generally feed. * * * * The *local* affection in the disease called *charbon* is, perhaps, an effort of nature to depurate the system from the poison in the mushrooms swallowed with the food. What is called the charbon or uredo in the cereals, and the puccinia in the grasses, are cryptogamia, similar in almost every respect, chemically and microscopically, to *poisonous mushrooms*."

I must interweave a few remarks here. This is certainly a rational and philosophic view of one of the causes of the breaking out of epizoötics. It is on the same plane with my researches, goes in the same direction, but it does not go far enough to unfold the whole truth deducible from the facts. Nor does the doctor cover all the facts of vegetable blight. The ergots are, probably, as prolific a source of disease in cattle as the smut or rust. Under the droughts and heats, and excessive rains of some years, the seeds of most of the grasses are ergotized, and when eaten by animals serve not only to lessen the nutrient quality of their food, but absolutely to poison their systems. We all know that spurred rye or ergot, largely mixed with flour, has often proved a cause of disease in families, and in some seasons it has been endemic through an extensive region of country. Nor does the doctor attempt to show how the grasses, and grains, and fruits of the earth, used as food for man and animals, may otherwise cause disease than by their poisonous conditions. I hold that in very wet seasons all herbage and fruits will of necessity be too watery to supply the necessary salts of lime, potash, soda, iron, etc., required in man and animals for repairing their bones, blood, and organs; and that in very dry seasons, nearly all the nutrient juices and solutions of the salts are denied the rootlets, and cannot come up to perfect the herbs and fruits.

This imperfection in the nutrient constitution of plants, grains, fruits, and tubers, is the great source of disease in man and animals. And yet it is mainly overlooked. I will illustrate it by the potato rot. Many and many a potato patch has been dug, and the tubers stored, that afterward turned out to be affected with the rot. What is the rot in the potato? Smee, who has written a volume on it, has told us that, viewed microscopically, it appears to be the most beautiful miniature growth of vegetation that the mind can conceive of; from mushrooms to forest trees. And Liebig has told us that, the fungi that appear in the potato are not the signs of the disease, but evidences of the death and decay of the plant. The explanation is afforded by my philosophy. All plants, grasses, herbs, fruits, grains, that take on these so-called diseases, are so badly nourished, owing to the bad weather, so imperfect in their nutrition or nutritive constitution, that decay, in some form, attacks them, and the fungi, and smut, and ergotized conditions are the new forms of life their decay calls into being.

It is easy then to comprehend the problem of disease, and it is plainly not necessary that vegetation should be so palpably defective in nutritive life as to be dying, or dead, or decayed, and full of fungoid growths before it will cause disease in man and animals. If it be almost thus imperfect, with yet just enough of the elements of nutrition to preserve its vitality, the reader can see how, in a series of years, with seasons so unfavorable as to produce this condition of things, the nutritive life of man and animals will be let down, until epizoötics and epidemics will generally prevail. The ships' stores of Captain Franklin's exploring service were put up in such a period of blight, the opening of the Irish famine, and not only the vegetables, but the beef, mutton, and pork, were in the same condition. All cattle are more or less diseased in such a period of blighting years. The stores of Lord Anson's squadron were the products of just such another series of blighting years, and he lost three-fourths of all his crews by scurvy in a four years' cruise, from 1740 to 1744. But I will not prolong my remarks here, but quote again from Dr. Cartwright's philosophic paper:

"I have observed when charbon prevails among cattle, that many sudden deaths occur without any local affection at all. No doubt, if they had lived longer, the carbuncle, charbon, or local affection would have manifested itself. One of my carriage horses died very suddenly a few days ago. I found, upon examination, that he had, for a week or more previously, been fed on cryptogamic corn which was badly weevil-eaten. * * * *

"The tumor or local affection in the disease, called charbon in cattle, at a very early period, (how soon I do not know,) becomes fly-blown, as it is commonly called. Various species of flies and insects belonging to the orders *lepidoptera* and *diptera* deposit their eggs in it. The larvæ, hatched from these eggs, have the external appearance and mechanical structure of a worm. * * * * *

"In many cutaneous affections, it is probable that the parasites found therein are effects and not causes of the disease, as I am sure the larvæ of insects are, which are observed in the ulcers called charbon in quadrupeds, sometimes, also, in those of man.

"The ætiological conditions, requisite to produce charbon, consist in the previous consumption of unwholesome elements containing fungoid or other poisonous substances. The poison

may be so virulent, as in milk-sickness, as to destroy life before the tumors and ulcers, called charbon, have time to form. In other cases it may be eliminated from the system by vomiting, purging, and sweats. But when not thrown out of the system by the excretory organs, charbon is one of the modes which nature adopts to free the system from it."

I will here close my quotations from this little brochure on the newly-invented nosological term for the disease called diphtheria, and which the doctor thinks cannot be understood without understanding charbon, ("*charbon angineaux* being one of the names the French have give diphtheria.")

This little pamphlet throws a good deal of light on the causes of disease in man and animals, but still holds on to the old idea that symptoms constitute an essential difference. This is not my view of the matter. The essential nature of health cannot be changed, neither can the essential nature of disease. The former is a perfect state of nutrition, and the latter an imperfect or impaired state. The constitutional dyscrasy which the doctor treats of as preceding the local ulcers or tumors, and which he says often kills before the ulcers appear, show that the so-called charbon is a blood disease, and, as we are accustomed to hear said also, very malignant in its character. The matter discharged from the tumors or ulcers will cause a "malign pustule," if inoculated upon an animal, and in this way insects and flies are thought to spread the disease. It appears to be very much like the true plague, with its anthraxes, and buboes, preceded by a putrid fever. It is endemic to this Southern country, like yellow fever in man—in fact, is of the same type. Yellow fever frequently develops tumors, buboes, anthraxes, and eruptions. And the dengue also winds up with an itching eruption. It is also like scarlatina and diphtheria, which, by the way, according to late advices, are prevailing now in Philadelphia.

What are all these forms and fashions of disease but an impaired state of nutrition? Nothing more. It does not matter whether localized on the skin, or throat, or lungs, or eyes, or not localized at all. These accidents do not change the nature—the essential nature—of disease.

I learn that pleuro-pneumonia has also been one form in which disease in cattle has manifested itself in this lower country this summer. It has not been confined to Massachusetts and the Philadelphia region, but has extended to Louisiana.

(*To be continued.*)

Case of Fatal Intussusception.

By Allen Lippincott, M. D.,

Of Pennsylvania.

J. W. N., æt. 7 months, had always been a healthy child up to November 23d, when, at 7 o'clock A. M., he was suddenly seized with violent abdominal pain and incessant vomiting; at the same time two feculent evacuations occurred. The family physician was immediately sent for, who, considering the case one of ordinary colic, prescribed secundum artem, and administered one or more enemata, which, however, produced no feculent evacuation.

24th. Bloody mucus is discharged per anum every 15 minutes; the stomach rejects the medicines given, and is unable to retain even the breast-milk of the mother.

At this time is first noticed a tumor occupying the position of the sigmoid flexure of the colon, about 3 inches in diameter, hard to the touch and dull on percussion. With the view of relaxing the parts, the child was put into a warm bath, but no salutary change was produced by the remedy.

25th. The little patient is free from pain, which suddenly ceased; the stomach still rejects everything introduced into its cavity, emesis occurring about five minutes after deglutition. Bloody mucus continues to be evacuated frequently, but possesses no peculiarly offensive odor. No stercoraceous vomiting has been observed.

26th. Child died at 12 M., previously to which the tumor assumed a purplish appearance.

Autopsy six hours after death. Body still warm; countenance placid; lateral parts of abdomen purplish in color. A crucial incision having been made, and the muscular parietes turned back, the peritoneum directly over the tumor was seen to be slightly inflamed. On removing the peritoneum the tumor was observed extending into the cavity of the false pelvis as far down as the lower part of the left sacro-iliac symphisis; superiorly it extended to the lower border of the ribs. Ligatures having been thrown around the intestine, it was removed from the abdominal cavity and carefully washed prior to a close examination; this disclosed the fact that about four inches of the ileum had been invaginated into the cæcum, and that the cæcum, ascending, and transverse colon had been pushed into the descending portion, thus completely occluding the alvine

canal. The coats of the cæcum were much thickened and partly gangrenous; the ascending colon but slightly inflamed.

The facts presented in the above history and autopsy clearly point out the only plan of treatment that offers the least chance of success in intussusception; this is the injection of large quantities of water through an elastic tube sufficiently long to reach the sigmoid flexure of the colon, in the hope that the stream of water, impinging against the invaginated portion of the bowel, may force it back into situ naturalis.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Ludlow.

CHOREA.

Having, at a preceding lecture, dwelled upon paralysis and its various forms, Dr. Ludlow introduced a patient affected with chorea, to illustrate this disease.

While in paralysis there is a more or less complete loss of muscular motion, often also accompanied by loss of sensation, chorea is characterized by a *loss of control* over the muscular movements. In paralysis the power of muscular contraction is diminished or lost, while in chorea it is exaggerated, and the control or *coördination* of the muscular motion impaired.

This loss of control and coördination of the muscular movements does not, generally, affect the whole body, except in children. It is much more frequently confined to the muscles of the face, neck, and upper extremities.

In the case before us, however, a man 40 years of age, it affects more or less the whole body. You see, when he raises his hands and attempts to bring them down upon his knees, the arms and hands, and even the fingers, fly about rapidly in every direction, while his face undergoes violent contortions and grimaces, and when he walks his legs are flung about in the same manner as his arms.

He has been laboring under this disease for five or six years. He states that before he was attacked with chorea he was sick with bilious fever, and afterward asthma, and he also had at one time chills and fever. We cannot, however, trace his present difficulty to any definite cause. There may, perhaps, be pressure upon some part of the brain or spinal marrow.

In regard to the pathology of chorea, very little is known. In the post-mortem examinations that have been made, (which, however, can be done very rarely, as patients do not die directly of this disease,) the investigations have shown sometimes inflammation, sometimes softening of the spinal cord, and various other lesions. But all these occur in other diseases, where no symptoms of chorea are present, and hence cannot be considered characteristic.

In young children it very often arises from intestinal worms, and disappears when this cause is removed.

A recent German observer states that the disease frequently arises from enlargement of the odontoid process, in consequence of periostitis, tending to thickening of all the surrounding parts, and causing irritation of, or pressure upon, the cord.

Chorea also occurs in pregnant females, and after gestation, in consequence of excessive lactation. In children, fright has not unfrequently been known to be its immediate cause, and all persons suffering from it are easily alarmed. This is the case in the present instance. It also occurs after various kinds of serious illness.

There is one remarkable peculiarity regarding the muscular movements of chorea—they do not appear to fatigue the patient. His head, his hands, arms and legs will undergo rapid and almost constant movements all day, and yet without causing any exhaustion of his strength, as we might expect.

In regard to treatment, it is necessary to remove, if possible, any source of pressure upon the brain or spinal cord which may exist and can be detected.

The most varied remedies have been resorted to in this disease, and almost the whole materia medica has been brought to bear upon it. Very frequently one succeeds while another will not. This depends largely upon the various causes. In cases of chorea occurring in anæmic females, we must resort to chalybeates and tonics, keep up a healthy tone of the skin by active friction, etc. When it occurs in females suffering from amenorrhœa, attention must be paid to the latter difficulty; chorea generally yields when the menstrual function has become regular.

While such treatment is rational, there are, however, other therapeutical agents, which are used empirically, because experience has shown them to exercise a peculiar influence upon the disease. Among this class we have the preparations of zinc, belladonna, conium, and other nervous sedatives.

Arsenic has been largely recommended, especially by German authorities, in large doses, say 4–5 drops of Fowler's solution several times a day. A remedy which has been used much in this city, and with considerable success, is the *cimicifuga racemosa*, given in a decoction of the strength of one ounce to a pint of boiling water, of which a wineglassfull is to be given three to four times a day. It may be combined with the valerianate of zinc. Dr. Ludlow has found it followed by the best results in many cases. It is an expectorant, a tonic, and seems

to exercise a peculiar influence upon the nervous system. It is important to obtain a good article, and to prepare the decoction or infusion in a closed vessel.

WILLS HOSPITAL.

Service of Dr. Hewson.

Reported by H. Earnest Goodman, M. D., Attending Physician.

A SUMMARY OF THE CATARACT CASES FOR OCTOBER AND NOVEMBER.

Whole number of cases, - -	26
Age, under 10 years, - -	1
between 10 and 20, - -	1
" 20 and 50, - -	13
over 50 and under 70, -	6
" 70, - - - -	1
Unknown, - - - - -	4

Kinds of Cataract—True, 15; False, 8; and Congenital, 1.

Double Capsular,	5;	Single,	3.
" Lenticular,	7;	"	5.
Traumatic, - -			5.

Whole number of operations for cataract,	19
" " operated on for the 1st time,	12
" " " " 2d "	4
" " " " 3d "	3

Kinds of Operations—Extraction, 6; Absorption, 13.

Number of anterior operations for absorption, (Keratonyxis,) 5.

Number of posterior operations for absorption, (Sclerotonyxis,) 8.

Number of operations for extraction through Cornea, 4.

Extraction through the Scerotic, with Canula Forceps, (Wilde's,) 2.

Interval between the first and second operation, from 4 to 5 weeks.

The following cases are given in detail as illustrating some points of special interest or novelty:

LENTICULAR CATARACT.

Case 1.—W. M., æt. 21, a jeweler, having a strong, hardy constitution, entered Wills Hospital October 23d, with cataract in the right eye. He could not tell how long the cataract had been forming, as his attention was directed to it by one of his fellow-workmen a week previous to his admission.

Dr. Hewson on the 24th performed the anterior operation for absorption. The patient's pupil having been previously well dilated with a solution of atropiœ sulphat. (g. iii to f℥i,) a curved, conical needle (Jacob's) was inserted in outer edge of cornea, close to the sclerotica, and the lens divided by rotating the needle on its axis, and causing its point frequently to lacerate the capsule in various directions. After division was thus fully accomplished, the needle was withdrawn slowly, and the puncture in the cornea made to gap open, so as to allow some of the aqueous humor to escape. This mode of operating is preferred by Dr. Hewson in soft cataract, as preliminary to the more thorough division of the lens by the Hays' knife needle through the sclerotica in the second operations. For in nearly all cases where division and solution of the cataract is the mode of treatment adopted, the operation has to be repeated at the end of five or six weeks to complete the cure. Nausea and vomiting, Dr. Hewson is satisfied occur more frequently, and are more serious after a first than they are after a second operation by solution or division. So also inflammation is more likely to follow the first than the second operation. Hence, to diminish these risks, Dr. Hewson prefers to perform first the operation through the cornea, (keratonyxis,) as a puncture through the cornea, involing but one structure, and that a non-vascular one, is less likely to be followed by inflammation than when it is made through a number of structures, and these highly vitalized, as in the operation through the sclerotica, (sclerotonyxis,) where the conjunctiva, sclerotic, choroid, or ciliary processes, and often the retina and hyaloid, must be wounded. Then, by allowing some of the aqueous humor to escape at the conclusion of the operation, (the conical form of the needle prevents its escaping before,) compensation is made for the increased distension of the ball, which must otherwise follow the breaking up of the lens, and the nausea and vomiting are thus avoided; at least such is the explanation given by Dr. Jacobs, of Dublin, of the cause of the vomiting; and whether it be correct or not, the fact is undoubted that these distressing symptoms are avoided by the free escape of the aqueous humor, as has been frequently demonstrated in Dr. H.'s experience in this hospital. Thus, to test the matter, he has frequently, in cases of double cataract, operated on one eye only at a time, doing the operation of keratonyxis in one, and, at a subsequent period, that of sclerotonyxis in the other, and the result has been almost invariable nausea and vomiting after sclerotonyxis—freedom from them after keratonyxis. This case furnished an illustration of these facts. The after treatment consisted in keeping the patient in bed for four or five days. Extract of belladonna was applied to the brow, and a solution of atropiœ sulphat. dropped in eye daily. Not the slightest irritation followed the operation.

FALSE CATARACT.

Case 2.—C. F., æt. 30, a domestic, became blind three and a half years ago, after a spell of general rheumatism, which attacked both her eyes. When she entered Wills Hospital, Oct. 9th, she had false cataract in both eyes, and was so

blind as only to be able to distinguish night from day. After a consultation of the surgeons, on the 17th, Dr. Hewson performed the operation of extraction on the left eye, by making an incision in the outer edge of the cornea with Beere's lancet-shaped knife. The eyelids were then allowed to be closed for a few seconds, and extraction then accomplished with fine forceps. The iris not contracting properly, and having a tendency to prolapse, Dr. H. applied Dr. Hackley's galvanic chain battery a few moments over the brow, which had the effect of producing very decided contraction of the pupil and retraction of the iris from the wound. The eye was then closed with gauze and collodion. Extract of belladonna was applied over the brow daily.

Oct. 21. The dressings were removed; pupil well dilated, slightly drawn toward the wound in cornea, with some prolapse of iris.

Oct. 25th. Still want of disposition to heal in cornea, with slight protrusion of iris, and considerable supra orbital pain. Applied the Hackley chain battery, with the immediate relief of pain and contraction of the iris.

Oct. 29. Wound in cornea not yet healed. Touched it with vi. gr. sol. argenti nitrat. and ordered tonics. Sol. atropia dropped in eye daily.

Nov. 20. Wound in cornea has been healed for sometime; pupil keeps well dilated and *quite regular*, although drawn slightly to the outer edge of cornea. Can distinguish colors, and see enough to go about the house generally. As the right eye was not suitable for an operation, she was discharged November 25th.

The point of special interest in this case is the use of localized galvanism to the fifth pair (the supra orbital branch) to produce contraction of the iris, and prevent its protrusion through the wound in cornea; and, although the case was one of the most unfavorable for the purpose, the iris having been very much diseased, the galvanism was eminently successful in effecting the object; and Dr. Hewson intends to give it a fair trial in cases of extraction hereafter, in which there may be tendency to protrusion of the iris.

EXTRACTION OF CAPSULE FROM BOTH EYES BY WILDE'S CANULAFORCEPS.

Case 3.—C. G. H., æt. four years, with congenital cataract, had been operated on twice previously by Dr. Hewson, by division through the sclerotica, with the effect of allowing very good vision. There remained, however, in each eye the opaque capsule of lens, covering almost the entire pupil. After a consultation on Nov. 7th, Dr. Hewson determined to extract these with Wild's canula-forceps. The child being fully etherized, the instrument, with its blades closed, was inserted in the left eye, about two lines from the outer edge of cornea, through the sclerotica, just below the equator of the eyeball, to avoid the ciliary artery, and the points carried forward in front of the capsule. The blades were then allowed to separate and embrace the capsule; they were then closed and the instrument withdrawn, bringing with it the capsule. The considerable size of the latter occasioned some little delay in its extraction through the puncture in the sclerotica. This, however, was effected, and the same operation was then performed in the right eye. No irritation whatever followed the operation in either eye. The child was up and running about the house the next day, and was taken to its home in the country on the following Saturday, four days after the operation.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Gross.

ANEURISM.

Chas. M., 33 years old, a shoemaker by trade, presented himself, on the 28th of November, at the clinic, on account of a large tumor in the upper portion of the right side of the chest. On examination, the swelling was found to extend from the collar bone, which it pushed slightly upward, downward to the seventh rib, and from the sternum outward to the shoulder joint; it was most prominent in its upper portion. The integuments covering it were rendered very tense, but did not show any discoloration, nor was there any enlargement of the subcutaneous veins. The tumor was attended with an expansive, heaving pulsation, synchronous with the action of the heart. It felt soft and elastic to the touch, and was very tender. A portion of the sternum, the costal cartilages, a part of the ribs, and probably also some of the substance of the collar bone had been removed by absorption in consequence of continued pressure of the tumor upon these parts. On examining the pulse, the radial artery on the right side was found to beat much more faintly than that on the left. This symptom could be owing either to obliteration of the arteria innominata, to obstruction of the artery from pressure made by the tumor, or to an irregular subdivision of the radial or brachial artery. The latter possibility had to be excluded, as no pulsation could be perceived on the outer side of the radius where, in case of anomalous distribution, a branch of the artery would most likely be found. On applying the ear to the tumor no sawing, rasping, or bellows sound could be detected. The patient, who looked pale and emaciated, stated that he had been in bad health for about three years, suffering from palpitation, pain in the chest, and occasional dyspnœa. The

tumor made its appearance about a year ago, near the junction of the clavicle with the sternum, and had at first been rather slow in its growth, but had increased very rapidly within the last three weeks. The patient has no trouble in breathing when standing or sitting, but suffers from distressing dyspnœa when attempting to lie down, and has to sleep in a half sitting posture. His appetite is good, his bowels regular; he has no difficulty in swallowing, as would be the case if the tumor were pressing upon the æsophagus. For the last eight months the swelling has been the seat of very severe pain, shooting down the arm, for the relief of which the patient has been accustomed to take large doses of morphia.

From the appearance and situation of the tumor, the symptoms, and the history of the case, the tumor was made out, without difficulty, to be an aneurism of the arch of the aorta, involving, perhaps, the innominate and subclavian artery. The absence of the peculiar aneurismal sound in the tumor, Prof. Gross attributed to the sac being probably filled, to some extent, with hard clots. The prognosis of the case could not be but very unfavorable, for if the tumor should not burst from ulceration of its walls, as is most probable, the patient will die from the cachectic condition induced by so serious a disturbance in the functions of circulation and hæmatosis. The patient had been advised to take 5 drops of the tincture of veratrum viride three times daily. Prof. G. proposed to add to this prescription, gr. iss. of acetate of lead, and gr. ij. of opium, with a view of promoting the formation of clots. A well-regulated diet and rest in the recumbent position were enjoined, as a very important part of the treatment.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

TRAUMATIC EPILEPSY.

A typical case of traumatic epilepsy appeared at Prof. Van Buren's clinic. The patient, a boy about 14 years old, presented a marked external indention of the skull, situated on the parietal bone, the result of a blow inflicted about nine years ago. His paroxysms, which had been occurring about once in two weeks, had been growing more and more frequent, and presented the usual characteristics of epileptic seizures. His mental faculties had begun to be markedly deteriorated, as usual in such cases. The injury was of a character calculated to produce a depression of the internal table; and Prof. Van Buren said we were warranted, both from experience and from the nature of the injury, in assuming the probability of either some roughness or depression of the internal table, at or near the seat of the injury. A portion of it might have become detached, just as the plaster of a ceiling does when a blow is struck upon the floor above, and might be keeping up a constant peripheral irritation. This irritation was a prolific cause of the affection, and cases frequently recovered easily and rapidly upon its removal.

The chances, as to a successful issue, were so good as to authorize a recourse to the trephine.

Other agents, however, than those immediately connected with the injury, as, for example, those connected with the development of the sexual system, might take up the irritation, so to speak, and perpetuate it, supervening upon the "habit" directly engendered by the results of the injury. The possibility of such influences being in activity, complicated the prognosis in all these cases.

Dr. Van Buren stated that he had cured a case some time ago by the use of the trephine, a young woman, in whose case the cerebral functions had become seriously compromised. She had obviously no prospect before her but that of idiocy or lunacy, should the disease be allowed to run on without some mitigation.

Upon operating by the trephine, the cause of all the mischief was found in the shape of a very small spur of the internal table of the skull projecting into the cerebral substance. Upon removal of this irritating agent, the paroxysms ceased altogether, and the patient recovered entire health.

The prospects of relief were, by far, greater in these cases than in those termed idiopathic.

The patient was etherized—Dr. Van Buren stating he had found, by experience, that no ill effects followed the administration of anæsthetics in cases of epilepsy. Everywhere the anæsthetic agent did occasionally induce one of the pathognomonic paroxysms of the affection; the effects of this were more than compensated for by the facilitation afforded to the operation by its use.

A conical incision of the scalp was made as exactly as possible over the seat of the wound, which was marked by a cicatrix, the trephine applied cautiously toward the anterior inferior angle of the left parietal bone, and a disc removed involving the seat of the injury.

There was no particular danger about this operation, Prof. Van Buren said, unless the dura mater should be adherent to the skull at the point of trephining, and a portion removed with the disc of bone. Hernia cerebri might then supervene.

Upon the removal of the disc at the seat of injury, no roughness or projection was found—no adhesions or diseased condition of the dura mater—nothing apparently calculated to give rise to the affection under which the patient labored.

A second disc was then cautiously removed at a point lower down, and a communication made between the two openings by removal of part of the intervening bone—thus making one

irregular opening. Nothing whatever was found on the internal surface of any portion of bone removed which might be supposed to have given rise to the symptoms; no roughnesses nor projections of any kind. The dura mater was not at all involved. The probe was used as freely as was advisable around the margin of the opening, but nothing whatever abnormal recognized.

Dr. Van Buren remarked that, in the obscurity attending these cases, experience told us that, notwithstanding our failure in recognizing any lesion which might be thought efficient in the production of the affection, we might still hope, with some confidence, for a benefical result. This might accrue possibly from giving the brain more room, and relieving it from pressure.

The wound was closed by suture, and a simple dressing applied. C.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by Wm. B. Atkinson, M. D., Recording Secretary.]

Wednesday Evening, Nov. 14.

Dr. Remington, President, in the Chair.

MORBID SPECIMENS—DIPHTHERIA.

An interesting specimen of heart clot, obtained from a diphtheritic child, was presented for inspection by the members, accompanied by a letter from Dr. Jacob Price, of West Chester, giving an account of the case. He says: "The specimen of fibrinous concretion or deposit was taken from the right side of the heart of a diphtheritic patient, aged six years, sick three days. The exudation covered the velum, tonsils, and pharynx, but did not extend to the larynx or œsophagus. There had been three cases in the same family, (two of them fatal,) in June last. On the 2d of Nov. a boy, aged 13, was attacked, and died on the 9th. On the same day, the subject of the present notice was attacked, and died on the 12th. In none of these cases could the fatal termination be fairly attributed to the local disease of the throat; in none were croupal symptoms well marked. There were in all, at an early period, symptoms of great depression of the vital powers; the action of the heart very labored; pulse frequent, exceedingly feeble, sometimes scarcely perceptible at the wrist, while the patients were still able to walk. This muscular power sometimes continued to within a few minutes of death. So many fatal cases occurring in one family naturally caused considerable excitement in the neighborhood, and induced the family to accede to a post-mortem examination in the last case.

"*Autopsy.*—The abdominal organs presented no abnormal appearance, except the liver and kidneys were congested with blood, the former enormously so. The cellular tissue of the front part of the neck and chest was infiltrated with a sizy, transparent liquid. The mediastinum was in the same condition, except that it was slightly emphysematous; lungs normal, except, perhaps, a slight emphysema; mucous surface of trachea slightly congested, and somewhat coated with muco-purulent matter; œsophagus normal; external aspect of heart perfectly natural; on opening it, we found a firm mass on each side, more or less firmly adherent to the walls of the cavities, to the columnæ carneæ, and to the chordæ tendineæ; that upon the right side was much the larger, and very firmly adherent to the internal surfaces of the auricle and ventricle. To separate it from the latter, the aid of the handle of the scalpel was required. The clot upon this side was a continuous mass of nearly pure fibrin, which commenced in and partially filled the right auricle, passed through into the ventricle, becoming interlaced with the tendinous chords, and clogging the tricuspid valve; and thence into the pulmonary artery, and through its two branches into the second division of each in the right and left lung. Its bulk, at all points, was more than half of the diameter of the vessel that contained it."

This case, as well as the others referred to, occurred in the practice of Dr. John Lewis, of Willistown, Chester county, with whom Dr. Price was associated in consultation.

Dr. P. further remarks:—"In other cases of diphtheria, I have seen death follow a similar train of symptoms, the throat symptoms being entirely insufficient to account for the result. In all, there were this embarrassed action of the heart and failure of the pulse. I have examined carefully, but have been unable to find any observations bearing upon this condition. It is usual to ascribe sudden deaths from diphtheria to a depressing action of the poisonous element of the disease upon the nervous centres, as in the malignant form of scarlet fever, but I am not altogether satisfied with this process of reasoning. The point which arises in my own mind is this, was the formation peculiar to this case, or is it not rather the usual cause of death in those instances where the throat disease is insufficient to account for the result?"

Dr. R. P. Thomas, who exhibited the specimen, remarked that, in his opinion, it only differed from the more perfect specimens of organized heart-clot, found after death in other diseases where the heart's action has been feeble and frequent, in its size and extent, and in the purity of its fibrin. He was disposed to ascribe its formation to an original sub-acute endocarditis, and a subsequent deposition of the fibrin of the blood upon the roughened surfaces thereby produced. Beyond this, however, there is the more im-

portant question for the earnest consideration of the members, whether the cause of death was mechanical, from the blocking up of the cavities and vessels, or whether there was not an absolute dyscrasia of the blood, (as shown by the presence of so large a body of fibrin,) from which the child would have died a little later, even though the deposition had not taken place? In either aspect, the case illustrates the importance of examining the condition and action of the heart in diphtheria, in order that we may obviate the tendency to death.

Dr. NEBINGER said he had listened with much attention and interest to the remarks of the gentleman who presented the specimen which is on the table. He had examined it, and could not see about it anything very unusual from such formations or deposits which are found in the hearts of those whose death has been slow in its progress. In regard to the fact that the body was very firmly attached to parts of the endocardium, he thinks the suggestion of Dr. Thomas has force, "that there might have been some endocarditis, and that lymph might have been thrown out, and the clot, while forming in the heart, have become mechanically attached" to the lymph, and thus have produced the difficulty which existed in detaching the body from parts of the endocardium.

In illustration of this point, he would say that a few months ago, he attended a boy of about twelve years, who had a most violent attack of diphtheria, so called, or scarlet fever without the rash. The angina was very severe, and the constitutional symptoms grave. The deposits upon the tonsils were removed, the angina gave way, all the bad symptoms had faded, and he looked forward to a sure but tardy convalescence on the part of his little patient, when he was seized with pains in his joints and soreness in his limbs. In other words, he was attacked with rheumatism as a sequel of his attack of the diphtheritic variety of scarlet fever. The rheumatism extended to the chest, and symptoms sprang up which excited his fears that the heart was involved. Upon examination he was satisfied of the fact, and diagnosed endocarditis. His patient, after a few days' suffering, died. He did not give a certificate of death in that case as being caused by diphtheria, but of disease of the heart. Now for the application of these facts. If an autopsy had been held, he had not a doubt there would have been found in the cavities of the heart, clots, and on the endocardium, lymph, to which the clots would have been "mechanically attached," and nothing more, the mere attachment giving little, if any, basis for the conclusion that such bodies were false membranes or diphtheritic deposits in the cavities of the heart. He thinks, upon a close and careful examination, the specimen before the Society will be determined to be nothing more or less than heart clots, the polypoid formations, or heart polypi, of the older pathologists and writers.

Dr. GROSS remarked that the question arose whether the deposit was one of lymph or a mere heart clot similar to those we so often find. He was inclined to the opinion that it was a heart clot, not exactly one merely of the fibrine of the blood, but the result of the slow action of the heart. He considered that the specimen should be carefully examined, microscopically and chemically, and be reported on at a future meeting. A decision is of vast importance, as influencing the treatment of similar cases.

On motion of Dr. CORSE, the specimen was referred to a committee, composed of Drs. Thomas and Woodward, for examination, said committee to report at the next conversational meeting.

RUPTURED UTERUS.

Dr. GOBRECHT presented for inspection a ruptured uterus. The case, a seventh pregnancy, occurred in the practice of a friend. The laceration was on the left side of the posterior aspect of the organ, commencing at the fundus, and was L shaped, (the lower branch of the L passing transversely from left to right, just above the os;) it did not extend into the vagina. The os uteri was perfect, hence the touch failed to afford a true diagnosis.

There was at the time of the first visit of the physician, a slight bloody discharge, and the pains, which were infrequent, closely resembled after pains. The os was but little dilated, yet a placental presentation was made out, and on the occurrence of slight hæmorrhage the soft cotton tampon was introduced, and leeches were applied to the abdomen to relieve tenderness, which had previously manifested itself. No unusual appearance of the abdomen was at any time observed. Death, from gradual exhaustion, occurred on the seventh day, the patient being undelivered.

On post-mortem examination, a large hydrocephalic child was discovered entirely exterior to the uterine cavity; the posterior wall of the womb at the lower part of the laceration was gangrenous; the placenta had been detached from the fundus, and was applied to the os; not more than a half pint of blood was found in the pelvic cavity. No doubt the rupture occurred prior to the first visit of the physician.

The president inquired what Dr. Gobrecht believed to be the cause of the rupture. Dr. G. replied he had supposed that the over-distension of the gangrenous womb, at the onset of uterine contractions, sufficiently accounted for it, until very recently informed that a flat-iron falling from a mantel to which the patient was reaching had struck her in the abdomen, on the morning of the day on which her physician had been called.

ASCARIS LUMBRICOIDES ENTRAPPED.

Dr. Gobrecht also exhibited an ascaris lumbricoides, which had passed partially through the perforation of a large glass necklace bead that had been swallowed by a child; the worm was discharged dead with the bead upon it. *A new anthelmintic!*

Dr. Nebinger had seen an ascaris l. twisted about the hook of a lady's dress.

Dr. Gross mentioned that he had seen an ascaris l. which had committed suicide in a similar manner by entering the eye of an ordinary button.

THE TENDENCIES OF THE PRESENT DAY IN REGARD TO THE DOCTRINE OF DEBILITY AND THE TREATMENT OF DISEASE BY STIMULANTS.

Dr. Samuel D. Gross introduced the subject for discussion by remarking upon the numerous revolutions in medicine. Change is written everywhere. Each age has its absurdities and inconsistencies. This is natural so long as each one acts as a free agent. Were there no changes there would be no sound progress, and the science would become stagnant.

It requires no prophetic eye to perceive that we are on the verge of a most fearful revolution in medicine; hence it is proper to pause and inquire, "Watchman, what of the night?"

The tendency of the medical profession at present is to the abandonment of all active depletory measures and to the employment of stimulants, on the ground that a change has occurred in the type of disease, and that man is no longer able to bear the former active treatment. Many practitioners even coincide with the late Dr. Todd, of London, in the belief that leeches can never be used with safety.

The inquiries of the present paper will be two: first, has there really been any change in the type of disease? and, secondly, are the people of the present day less capable of resisting active depletion? The endeavor will be to show that both of these views are untenable; that they originate in misconception and superficial observation. The stimulant treatment is not new. We find in the last century, all over Europe, the Brunonian system exercising a powerful sway over the minds of many otherwise enlightened practitioners — some even supposing that in it they had discovered the philosopher's stone in the treatment of disease. John Brown, the author of this theory, pretended to have made a stupendous discovery, founded upon his own personal experience. The speaker then gave a brief biography of this remarkable personage, and the progress of his doctrines through England and the Continent, especially in Italy and Germany.

After this brief digression, the lecturer came to the consideration of the two questions proposed.

Is there really a change in the type of disease? and is it true that mankind are unable now to bear depletion when laboring under inflammation as well as in other times? To the first he would reply in the negative. In a practice of upwards of thirty years, he had seen no reason to justify such an opinion. Diseases seem the same now as when he entered upon the practice of medicine. Even in epidemics no change of type seems to have occurred; but in ordinary inflammatory diseases the only changes to which they are liable are dependent upon individual peculiarities, etc. In point of facts, the morbid action is essentially the same, varying in degree but not in character. The same causes which were in operation thirty years ago act now.

Entertaining these convictions, he need scarcely say that the treatment so much insisted on by Bennet, Todd, and others, of all inflammatory affections by stimulants has not only no foundation in truth, but is at direct variance with the best interests of the sick and the reputation of the physician. It is difficult to conceive how any enlightened physician can bring himself to entertain such a belief.

The only safe way to treat disease is to look at every case as making its own laws, which have reference to the exciting cause, the structure involved, the duration of the attack, and the prior state of the system. If the stimulant school see nothing but reduced action or depressed vital power, it proves pretty conclusively one of three things: that they are incapable of making accurate observation, that they are blinded by prejudice, or that they have to deal with a class of patients whose habits and conditions are such as to forbid the employment of any other method of cure. The first two we cannot believe, and we therefore come to the conclusion that these gentlemen deal only with depraved, worn-out constitutions. But here we are at fault; such an idea would be absurd—they must certainly encounter occasionally a stout, robust patient. Nor can it be the stage of the disease at the time of their arrival on the scene. Fashion, all are aware, has its influence in medicine as well as dress. John Brown, a dissolute doctor, became the leader of a new sect in medicine which retained its supremacy for nearly a quarter of a century—its sole basis being the relief which he experienced from alcoholic potations and laudanum when suffering with the gout. Unity of disease and the lancet were the great weapons of Rush. Purgatives ruled at the time of Hamilton. Dyspepsia, disease of the liver, etc., each had their turn as the fashionable disease. At present every thing is a change of type in disease, and stimuli are the remedies; bleed the patient, and he dies; purge him actively, and if he recovers it will be very slowly. Just now the cellular pathology of Virchow is coming into notice, and seems destined to enslave to a great extent the medical mind. Although most medical

men, as well as the community at large, at present regard blood-letting with terror, yet it has been beneficially employed millions of times. No doubt it has been abused. We can hardly reconcile with our notions of propriety the loss of *two*, much less of *three*, *hundred* ounces of blood in the course of a few days for the cure of an idiopathic or traumatic inflammation, and yet such cases are easily found of a well-authenticated character in the annals of surgery.

Dr. Francis, of New York, distinguished alike as a skillful practitioner and an accomplished scholar, is a living monument of this heroic treatment. In a violent attack of croup, he lost, in a few days, nearly three hundred ounces of blood. Physick, in an attack of yellow fever, in 1787, was bled to the amount of one hundred and seventy-six ounces. No one at the present day would dare to follow such an example. It is no longer the fashion; the lancet grows rusty in its case, and the cutler has almost ceased to manufacture it. Even the occupation of the leecher is almost gone. When a student in this city, thirty-two years ago, it was common, in attacks of acute pleuritis, to bleed the patient three or four times, and sometimes even that often a day—the same orifice being repeatedly opened for that purpose.

If we inquire into the causes of these revolutions, we shall find them not in a change of type, or in the powers of the system, to withstand the effects of inflammation, but in a greatly enlarged knowledge of remedies and of their applicaton to the cure of disease. The use of quinia and morphia is now much better understood than formerly, and the antiphlogestic virtues of aconite and veratrum viride were entirely unknown until a very recent period. Quinia has become the great remedy in malarial affections; opium is a powerful adjuvant in allaying pain and procuring rest both to the part and the system, and aconite and veratrum viride exercise so astonishing an influence in controlling arterial action as to render them special favorites with every enlightened practitioner. They have, in fact, taken the place of the lancet, tartar emetic, etc.

Thus we readily see why blood-letting has fallen into desuetude, unmerited certainly; for, spite of all, an early spoliative venesection and the judicious use of the more heroic articles of the materia medica would often do more in saving structure and function than any of the present popular remedies.

Practitioners are too prone to go to extremes and be led away by specious theories. Losing sight of common sense, and forgetting the teachings of experience, they readily grasp the shadow and forsake the substance. Hence, the discordant views which so constantly agitate our profession, perplexing the public mind, and impairing our influence. Hence the stronghold which all forms of quackery have taken upon the people.

The past is pregnant with useful lessons. It teaches, on the one hand, the futility of all exclusive systems of medicine, and, on the other, the importance of being governed in our views of pathology and practice by common sense, aided by a chastened experience, which holds fast to the good and useful, and discards that which is hurtful. Its motto is enlightened, unprejudiced conservatism, ever ready to enlarge its boundaries by cautious observation and induction, and resolved to avoid exclusivism in every form. Standing upon this elevated and philosophical platform, rational medicine avails itself of all that is useful in mitigating or curing disease, not disdaining the lancet, etc., on the one hand, or, on the other, a recourse to stimulants.

In conclusion, while proclaiming himself an advocate of an enlightened eclecticism based upon experience, reasoning, and philosophy, he stated emphatically that he was not an advocate of large doses, or of the indiscriminate use of any medicine whatever. A judicious combination of a few well-selected articles, or occasionally the exhibition even of a single substance, united with absolute rest and a proper regulation of the diet, will generally accomplish the object much better, immediately and prospectively than the polypharmacy and heroic treatment so much in vogue in certain quarters only a few years ago. As the practitioner grows older, he almost uniformly gives less medicine, satisfied that he is generally only the assistant of nature, and not her master.

Dr. Coates found the subject very copious, and one that might lead the discussion into many ramifications. He remembered some very striking changes of opinion, to which it was demanded that we should surrender our judgments. Many years ago, when Dr. C. was a resident in the Pennsylvania Hospital, the late Dr. W. P. had just arrived from Europe, brimful of the doctrines of Professor Broussais, of whom we had never before heard. At an early period, nearly the following conversation occurred, which Dr. C. would promise to rehearse correctly, and even accurately; although, in this point, we omit the style of the Society of Friends in which it took place.

A. "Why, doctor, they tell me you say that there is no such thing as fever! Is that so?"

B. "To be sure, it is so. There is no such thing."

A. "Why, what ails that patient in the ward, then?"

B. "Why, all those appearances [meaning the general phenomena of the case] arise from the pain!"

A. "Pain! Why the man feels no pain. I examined him particularly on that point this morning."

B. "Oh! but that is because he cannot perceive the pain. The brain is in a state of oppression, and cannot perform its functions."

A. "Well! but, doctor, how is it possible that

the heat, the frequency of pulse, the thirst, and other general effects can be produced by a pain which the man does not feel?"

B. "It is all owing to the pain of the organs—the suffering of the organs."

This was evidently a translation of Broussais's phrase, "Le cri de douleur des organes souffrants." Such a strange, vague, metaphorical, and poetical use was made of words in a case calling for the utmost strictness and clearness of language!

After a remonstrance on the inconvenience of such expressions, the term "fever" was explained to mean *idiopathic* fever, not arising from local inflammation. On this, the respondent, then young, refrained from the expression of an opinion, but inclined for the time, and until he should accumulate further study and observation, to the same conclusion.

Almost without a pause, Dr. C. was then assured that "there was nobody in the whole world that knew anything at all about the practice of medicine but the French, and none of them but Dr. Broussais." The respondent, willing to include his senior in the list of well-informed physicians, proposed adding "and his pupils." "And his pupils," was the rejoinder.

Another pause then ensued, succeeded by the following:—

A. "Well, doctor, since you say so, I am willing to believe that Dr. Broussais has made the most valuable discoveries and improvements; and that they have been of the greatest use in his own country, and will be so to us when we shall get to understand them, but, to set down all the observations of all sorts of men, of all degrees of talent and knowledge, in all ages of the world, and in all nations, as equal to nothing, seems to me extravagant."

B. (With a very quiet and patient manner,) "I said nothing at all about discoveries and improvements. What I said was, that there was nobody in the whole world that knew anything at all about the practice of medicine but the French, and none of them but Dr. Broussais."

A. "And his pupils?"

B. "And his pupils!"

After this, little remained to be said.

When an interval of years had elapsed, Dr. Coates became the senior physician of the Pennsylvania Hospital; and, at the same time, was an editor of a journal. He then deemed it his duty to make public trials of the Broussaisian method of treatment. This opened another wide field for discussion before the Society; but Dr. Coates would confine himself, on the present occasion, to a most peremptory and unqualified denial. He denied, in this manner, that he, and those who co-operated with him, had *ever* taken excessive quantities of blood from patients affected with fever, or that they had *ever* starved such. It was very rarely that patients had leeches or cups applied to them more than twice, and he did not believe that any individual had been subjected to another process more than three times.

Now, with American leeches, no European ones being employed, those used averaging a small size, and not a very good quality, he investigated the fact with very great care, and a number of times, and became absolutely certain that thirty or three dozen such leeches very seldom ever occasioned the loss of more than 4 ounces of blood, and did not probably average more than $3\frac{1}{2}$. Now, 3 times 4, or 12 ounces, 3 times $3\frac{1}{2}$, or $10\frac{1}{2}$ ounces, still less twice 4, or twice $3\frac{1}{2}$, or once either 4 or $3\frac{1}{2}$, were not extravagant quantities of blood to be drawn from fever patients.

The next god of the idolatry of comers from Paris was Professor Louis. From one of his most respected and influential pupils, Dr. C. received the following propositions:

Professor Louis had reduced important parts of the science of medicine to a certainty equal to that of the mathematics, and was doing the same service by more of it.

So very little was really known in medicine that the interlocutor believed it could be all contained in a very small book, no bigger than "*that*," exhibiting part of what printers call a "twenty-four-mo," about the fifth part of an inch thick.

A proposition demonstrated by Professor Louis' method was absolutely certain, and could not be controverted by any means whatever.

This required the thorough examination of all parts of the patient's body after death.

No notes not actually written at the time and on the spot were worthy of the least confidence.

No physician's experience of any case, or number of cases, was of any value for more than two years. After that, all inferences became conjectural and uncertain.

No tubercle ever occurred in the lungs, unless there was one at the vertex of the lungs.

No tubercle ever occurred in any other part of the body, unless there was one in the lungs.

From these two last and other special rules, exceptions were continually occurring, and they were sometimes more numerous than the exemplifications of the law. Two cases of exception in succession occurred in negroes; and it was then apprehended that the rule would turn out to be that negroes differed from white men in this respect, and followed the example which Dr. C. thought laughable, of children and monkeys. This was stated to be that tubercles in such were equally disseminated throughout the lungs. They are irregularly scattered, and not equally so; nor do disseminated tubercles occur at all in any characteristic frequency in the case, the tubercles being generally of the common size.

With regard to the present new doctrine, the speaker was glad that Dr. Gross had, with so much justice, described it as a revival of Bru-

nonianism, which had been so generally held to be confuted long ago. The practice had been amply tried in this city by Dr. Parrish, who, as well as his compeers, had found it necessary greatly to modify it, in accommodating it to daily judgment, experience, and the variety of cases.

The present discussion called for an account of Dr. Samuel Colhoun's cases. These were a series of fevers of a mild typhous character, and all of which would probably have recovered under any treatment that did not too wildly diverge from good sense, prudence, and humanity. Dr. Colhoun lost none of them; and the treatment, besides hygienic cases, consisted exclusively in as much as they could be induced to swallow of arrow-root and other watery nutrients. Dr. C. could state that the pulse, in every instance, became fuller and softer after the institution of this practice in the individual; but, except annoyance at being urged to drink, there was no other remarkable character in them. It is most probable that they were mild dothinenteric cases.

(*To be continued.*)

NEW YORK ACADEMY OF MEDICINE.

NOMINATIONS.

The Academy held a stated meeting at the University on Wednesday evening, Dec. 5th, the President, Dr. Watson, in the chair.

The President stated that to be the meeting for the presentation of the annual reports, and called upon the Recording Secretary, Dr. Thomas, for a report of the transactions of the Academy for the year 1860.

It was shown by the report that, during the past twelve months, one special and nineteen stated meetings had been held, showing a deficiency of four stated meetings. On two occasions a quorum could not be obtained—one was omitted on account of the meeting of the National Medical Association at New Haven, and one on account of its falling due on the Fourth of July.

The meetings had been all of an interesting character. Seventeen essays had been read before the Association, being an average of almost one for each stated meeting. Dr. T. read a list of the subjects of these papers, and also of the discussions which had been held. Many specimens of interesting curiosities had been presented.

Two committees which had been appointed, one on the revision of the pharmacopeia and one on the sale of poisons, had made able and lengthy reports.

The various sections had sent in their reports regularly.

Death had deprived the Society of two members only—Dr. Chas. E. Isaacs and Dr. Robt. Ray.

In concluding, the Secretary explained the fact of the meagreness of his minutes, by stating that the Academy had employed a stenographic reporter, and established a bulletin, in which full minutes were regularly published.

The minutes of the Council were next presented.

Ten meetings had been held, each attended by more than one-half the members. Financial matters had been arranged, and delegates sent to the National Medical Association and the Sanitary Convention. A stenographic reporter had been appointed, and a bulletin established, in which semi-monthly stenographic reports were published and presented to each fellow.

The Fourteenth Annual Report of the Treasurer was next read.

It showed the financial affairs of the Academy to be in a salutary and gratifying condition, notwithstanding increased expenditures. The Treasurer concluded by introducing a resolution to the effect that the subscription list instituted for sustaining a stenographic reporter be cancelled, and the money already collected be refunded, since the annual assessment would probably obviate the necessity for it.

An animated discussion followed on this point, and it was finally resolved that the funds should be placed in the hands of the Trustees, for the benefit of the building fund.

The Corresponding Secretary's report was then read and adopted.

Next came the annual report of the Committee on Admissions. Eight sessions had been called, at four of which a quorum had failed to appear. Five gentlemen had been admitted as resident fellows, four as honorary, and one as corresponding fellow.

The Annual Report of the Board of Trustees was then read, involving that of the building fund.

This report having been adopted, Dr. J. McNulty resigned his appointment as delegate to the State Medical Society on account of peculiar circumstances.

Dr. Griscom also resigned a similar appointment, to make room for some one else, he having been elected a permanent member of said Society.

Dr. Watson then stated the next business in order to be the nomination of officers for the ensuing year.

The polls having been declared open for Presidential nominations, Dr. McNulty nominated Prof. Alonzo Clark, adding some remarks highly complimentary to that gentleman. Dr. McN. considered him in every respect a representative man of the profession.

Dr. White nominated Dr. G. Buck; Dr. Blumenthal, Dr. William Detmold; Dr. Foster, Dr. Anderson; Dr. Van Cleaf, Dr. Jas. R Wood; Dr. Gardner, Prof. Post; Dr. Minor, Dr. J. C. Dalton.

The polls for this office were then declared closed, and those for Vice-Presidential nominations open.

Dr. McNulty nominated Dr. Barker; Dr. Van Cleaf, Dr. Buck; Dr. Finnell, Dr. Post; Dr. Gardiner, Dr. R. S. Kissam; Dr. Detmold, Dr. Minor; Dr. Carrington, Dr. Peaslee; Dr. White, Dr. Underhill; Dr. Cooper, Dr. Van Cleaf; Dr. Batchelder, Dr. Pond.

The polls for this office were then closed, and nominations made for a vacancy in the Board of Trustees. Dr. Kissam was nominated by Dr. Gardner, and Dr. Bolton by Dr. Finnell; Dr. Harris was also nominated.

For a vacancy in the Committee on Admissions, Dr. Finnell was nominated by Dr. Blumenthal, and Dr. Hinchen by Dr. Van Cleaf. Dr. Gouley was also nominated.

For the Committee on Ethics, Dr. McNulty nominated Dr. Detmold; and Dr. Gardner, Dr. Barker for re-election. Dr. Bulkley was also nominated for re-election.

For the Committee on Medical Education, Dr. Finnell nominated Dr. O. White; Dr. Harris, Dr. Haworth and Dr. Mc Nulty, Dr. Griscom.

On motion, the polls were re-opened for Vice-Presidential nominations, and Dr. Krakowitzer nominated.

It having been stated incidentally that no one could be voted for when the time came, for any office, who was not then and there nominated, Dr. Post questioned.

Upon reference to the by-laws, it was decided that such was the case.

Upon motion, the polls for Presidential nominations were re-opened, and Dr. Peaslee nominated.

WRITING PRESCRIPTIONS—WEIGHTS AND MEASURES.

Dr. Squibb then read a report from the section on Materia Medica, in reference to the manner of writing prescriptions.

A great improvement in regard to this matter was demanded. The comparatively little progress in the profession in regard to this thing was due principally to these three causes: its estimation as a trivial matter; ignorance of the fact of progress having been made in regard to it; and failure on the part of teachers to give it due prominence.

The use of correct and elegant language was always a mark of refinement—as well in the writing of prescriptions as in public and social life.

He cited a great many examples of errors and superfluities in common use in the language of prescriptions, which were inexcusable, in view of significance, accuracy, or elegance. He went over almost every article of the Materia Medica in common use, exposing many inaccuracies, inelegancies, ambiguities, and bad Latinicisms, often employed by men considered well educated.

Often when the right article was put up, it was because the Pharmaceutist put up something not really ordered, knowing what was meant. A bright color, or some other obvious sensible property, was frequently seized upon for descriptive purposes, instead of a definite chemical composition.

It was unscientific and mischievous, in writing for certain compounds, to write for the Sol., Tr., or other preparation, as the case might be, of any *man*, instead of doing so by giving the constituents in their proper proportions; e. g. Labarraques sol., McMunn's elixir, Magendie's sol., Huxham's tr., etc.

In remarking upon the size, form, and style of prescriptions, he said the paper should be ample, thus tending to prevent the habit of bad abbreviations. A prescription should be a plain, terse note to the Pharmaceutist. It should not be considered as belonging to the patient, but should become the legitimate property of the Pharmaceutist, as his voucher; as much so as any receipt or private letter.

A proposal had been made lately by Mr. Taylor, of Philadelphia, to abolish in part the symbols for the ounce, drachm, etc., the words to be written out in full, leaving the symbols to be used only for fluids; and also to use the common Arabic numerals instead of the Roman. These changes would prevent many mistakes.

The directions should be in English, plain and concise. If lengthy and minute, should be written out in full, and left with the patient; not sent to the pharmaceutist, as they could do him no good, and might be a source of perplexity. The dose, however, should be upon the label; thus giving a chance of detection of fatal error by the intelligent apothecary.

Dr. Gardner, in allusion to something contained in the paper read by Dr. Squibb, said he was one of those who, in writing for calomel, wrote hydrarg. sub-mur., or oxy-mur. We must remember the old adage, "once learned, twice learned." He had learned the old appellations and ways when young, and had never been able to get them out of his head since. He had learned from his old preceptor, and his boxes and vials. By a great deal of attention he had never been able to get thoroughly posted in the modern methods and names, and had at length settled down quietly in the old.

He had always written his directions in Latin, till the following occurred. He wrote (in Latin) for a patient to take a grain of opium every four hours, until sleep ensued. Through a mistake of the apothecary, in interpreting the directions, the patient began to take a grain every fifteen minutes. She was soundly asleep, however, before she had taken enough to do her serious injury.

He did not know how to write to suit the apothecaries now-a-days. He once directed paregoric for a child, writing it tr. op. camph.; the apothecary took it for tr. *of camphor*, and, as a consequence, when he saw the child again she was in a comatose state.

In changing from what one had once learned thoroughly to something new, there was a great liability to mistakes. He fully recognized the propriety of *learning* aright, but it was too late for him now.

Dr. GREEN said he had been much interested in the paper read by Dr. Squibb, thought attention to the subject was needed by them all, and hoped it would be printed, and a copy placed in the hands of each member. Some things, however, that might appear at first sight to be superfluities, were not so, but in reality safe guards.

Another member suggested that prescriptions be sent to graduates of the School of Pharmacy only. (Applause.) It was a rule of his to send to one particular store, kept by a graduate in pharmacy, or furnish the medicine himself. He thought it of importance not to change about, but to select a good pharmaceutist, and, as far as practicable, employ him exclusively.

Dr. GARDNER, in reference to a suggestion in regard to always carrying ink, said it was impracticable in the ordinary way, but gentlemen would find the fountain pen exactly the thing needed.

Dr. SQUIBB then read a paper on proposed changes in Medical Metrology.

The advantages proposed to be gained by a change were, a riddance from our own imperfect and bungling system, involving two sets of weights, having the same names with different values, and uniformity with the metrological systems of other pharmacopœias, involving, if possible, the ultimate adoption of the best one.

The necessity of a change being admitted, unquestionably we should aim at the adoption, sooner or later, of the most perfect existing system. This was the decimal system of France. Such a change should be authorized by legal enactment, and popularized by free and full discussion; and when the pharmacopœia was again revised, might be safely and judiciously made.

Uniformity with England was desirable from consanguinity and community of language and interests; and it had been proposed that we should adopt the English system. The objections were that we could not do it rapidly and completely—could not do things of that nature authoritatively and thoroughly, as they could in Great Britain—could not compel pharmaceutists to adopt it; and that such a course would involve all the confusion and inconveniences of two radical changes; for every far-seeing man must look forward for a time, not far distant, when the decimal system, indisputably and infinitely the best, would be the universal one.

We had better make no complete change unless to the French system.

Dr. S. offered, in effect, the following preamble and resolutions:

Whereas, The New York Academy of Medicine fully recognizes and appreciates the necessity of a speedy and thorough change in American medical metrology; *and, whereas*, no efficient action has as yet been taken on the subject: therefore, be it

Resolved, Firstly. That this Academy offers to the Committee on the final revision of the pharmacopœia its judgment on the subject, as a voluntary communication, to aid the committee in arriving at the result of their convictions the best.

Secondly. That, in the judgment of the Academy, the best change that can be effected is one involving a conformity with the system of the British pharmacopœia.

Dr. GARDNER moved that action on the resolutions be postponed.

Dr. HARRIS was in favor of immediate action. He moved a consideration of the resolutions separately.

Dr. MCNULTY moved to postpone until the second meeting in January.

Dr. Squibb said the resolutions he had offered were altogether in opposition to his own views on the subject. He put them forth as a feeler, wishing to obtain the sense of the Academy. If they had been adopted, he would have had nothing more to say in the matter. If they had been lost, he would have presented a substitute representing his own views. As there appeared to be a disposition to postpone, he would read the substitute he had prepared, (about which he had intended to say nothing, had the resolutions been adopted,) and then move to lay the whole matter over.

The plan proposed by Dr. S., as a substitute, was as follows:

The retention of our own system, but a restriction of it to prescriptions alone, until a complete change could be made to the decimal system. At the same time, the incorporation of the decimal system into the pharmacopœia, with a table of comparative values. Moreover, an abandonment of the use of arbitrary weights and measures in compounding, and an adoption of the use of parts by weight. This was not to touch the matter of prescriptions—was to relate to compounding alone.

By this plan no radical change would be made immediately, nothing added calculated to confuse, and no liability to mistakes engendered. At the same time, the most urgently needed advantages of a change would be obtained.

Dr. Squibb's substitute was highly lauded, and a motion made and seconded that his advice be adopted as the voice of the Academy.

Dr. S. deprecated hasty action. At the same time he did not wish the subject introduced by himself to occupy two meetings, to the exclusion of business more properly pertaining to the Academy.

Prof. Post proposed a more radical change—the substitution of grammes or centigrammes for "parts." The gramme had not different values in different countries, the idea would be

made just as definite, and there would be produced no more liability to confusion. Moreover, apothecaries would, by that means, become more rapidly familiarized with the decimal system.

Dr. Squibb replied that the cardinal objection to anything of that kind was its impracticability; it could not be enforced, and much confusion would be produced.

Dr. Griscom was opposed to hasty action on the subject. He was not prepared to vote at that moment, and moved a postponement.

Dr. Gardner thought the matter clear, and saw no necessity for delay. By adopting the suggestion of Dr. Squibb, we would get rid forever of the constant liability, now existing, to a variation of ten per cent. in the strength of our preparations.

The substitute of Dr. Squibb was then put to vote and carried.

Dr. McNulty moved that the council be instructed to offer a prize for an essay by a fellow of the Academy, to be read at the next anniversary meeting, that a committee be appointed on prize essays, and that the annual oration be dispensed with.

After some discussion, this matter was laid on the table until the next meeting.

After the correction of some irregularities on the disposal of Dr. Squibb's resolutions and substitute, so that the Secretary could get the matter in proper shape, and the transaction of some unimportant business, the Academy adjourned. C.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

On Diseases Peculiar to Women, including Displacements of the Uterus. By Hugh L. Hodge, M. D. Philadelphia: Blanchard & Lea. 1860.

After forty years' active employment as a practitioner and teacher in this department of medicine, Dr. Hodge comes forward to give us some of the results of his experience, in the shape of a handsome volume of 450 pages, with the above title. We congratulate the profession on the addition thus made to its stores of knowledge, as well as Dr. Hodge on his thus effectually delivering himself of the "sign" to which he was challenged by his old fellow-student and life-long friend, Professor Meigs. He pleasantly alludes to this in a well-turned letter to the latter gentleman. We would not, however, be understood as thinking with Warwick, that

"So bad an end argues a monstrous life"—

had he made none: as many of the brightest luminaries of our profession have left behind them no written records for the benefit of their successors. And we trust, too, that he may long be spared to continue his philanthropic—had we not better say philogynæcic?—labors in our midst. In this volume, Dr. Hodge confines himself mainly to the subjects of "irritable uterus" and displacements, with a chapter on amenorrhea. Other subjects are casually alluded to: but the main force of the author is directed to implanting what he considers more correct views on these subjects in the minds of his medical brethren. From the earliest writers, down to the present time, the uterus has been the fruitful theme of lucubration and perplexity. Aretæus speaks of it thus: "In the middle of the flanks of women lies the womb, a viscus closely resembling an animal: for it is moved of itself hither and thither in the flanks, also upward in a direct line to below the cartilage of the thorax, and also obliquely to the right or the left, either to the liver or spleen: and it likewise is subject to prolapsus downward: and, in a word, it is altogether erratic. It delights also in fragrant smells, and advances toward them: and it has an aversion to fetid smells, and flees from them: and, on the whole, the womb is like an animal within an animal." He then goes on to describe what he calls hysterical suffocation, attributing it to uterine displacement, for the relief of which he recommends fragrant or fetid smells, as the case may be.

The day of such doctrines has passed away, (though we believe there are still some who think that antispasmodics owe their powers to their disagreeable odors,) and the "erratic" organ is treated "on general principles."

Dr. Hodge's work must take rank among the most successful efforts to establish, as the result of practical experience, a correct system of pathology and therapeutics for it. We must henceforth regard irritable uterus as among the recognized facts of the present, instead of one of the confused errors of the past period of medical science. The whole subject of irritability is handled with a masterly pen in all its important bearings, and will amply repay careful perusal and study. We think, indeed, that too much stress is laid upon it and upon the local treatment urged for its removal when excessive; but we must remember that Dr. Hodge is here urging upon our attention facts that we are commonly but too forgetful of, and his whole method of treating the question is so eminently philosophical, that it must carry great weight with thinking men. The distinction which he makes between *organic* and *nervous* irritations and their respective consequences is all-important. The book abounds with practical hints and indications for the thoughtful physician: as, when he speaks of nervousness as a real disease, (p. 22,) or points out the fact that anemia may be, and doubtless often is, the consequence, instead of the cause, of nervous disease, (p. 122,) or corrects the too common be-

lief of the frequent *malignancy* of uterine enlargements, (p. 213.) We must differ with him, however, as to the *plethoric* state of pregnant women, (p. 126;) as to the exclusive influence of the sympathetic in producing inflammation, (p. 33;) and with regard to the importance of ovarian enlargements and their treatment. This part is, to us, the most unsatisfactory in the book. The subject of displacements is admirably treated, and leaves but little to be desired. Of course, some allowance is to be made when an author compares his own inventions with those of others; thus we think he hardly gives its due meed of praise to the elastic ring in the treatment of retroversion; in slight cases, occurring in virgins, we have often found it useful. So also as to the dangers of Simpson's stem-pessary, we are inclined to differ from him, believing it in *careful* hands, and, when closely watched, almost invaluable in the treatment of flexions. The illustrations of the natural and unnatural positions of the womb are well done, and far in advance of any we are acquainted with elsewhere. Anatomically speaking, however, they might be more correct; and, in showing the power of his lever-pessary in the treatment of retroversion, we notice the doctor has produced a slight *ante*version. This he seems to consider unimportant, either when thus produced or as a pathological condition; we must differ wholly from him in this respect. The views presented on amenorrhea are somewhat peculiar; he attributes it solely to uterine sedation. Now, this may be correct enough in many, perhaps a majority of cases; yet there are doubtless many others due to active congestion, and relieved by remedies addressed to this state of things.

Dr. Hodge's style is smooth, flowing, agreeable, and eminently Johnsonian; the carefully-formed sentences and well-rounded periods fall most gratefully on the ear and mind. We would, however, append a short glossary for a few *verba sesquipedalia*, which have crept in; e. g. "motatory" for motor, "discomforture" for discomfort, "consequential" for consequent, and "exceptionable" for exceptional. These remind us of a bachelor friend who said he should like to address a certain young lady "if she were not so irreproachable." But these are only "spots on the sun's disk." The book is eminently worthy of the high position of its author, and destined to rank among the classics of the profession. We place it on our shelves with the conviction that we shall often turn to it for counsel and aid, relying on its accumulated stores of wisdom and experience—a real *multum in parvo*.

—o—

Chlorate of Potassa in Emphysema.—Dr. Austin Flint in a lecture on emphysema, published in the New Orleans *Medical News and Hospital Gazette*, and copied in the New York *Medical Times*, speaks highly of the beneficial effects of chlorate of potassa in emphysema.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 15, 1860.

THE NEED OF A STATUTE OF LIMITATIONS IN OUR PUBLIC INSTITUTIONS.

The retirement of M. Ricord from his position as Surgeon to l'Hôpital du Midi, a position he had filled with acknowledged ability and world-wide distinction for twenty-five years, has been recently announced in the journals. A few months ago, we made a somewhat similar announcement in the case of the distinguished Professor, Geo. B. Wood, of our own city, who first closed his connection as physician and clinical instructor with the Pennsylvania Hospital, and subsequently resigned the chair of Professor of the Theory and Practice of Medicine in one of the most prominent medical schools of our country—positions that he had long filled with acknowledged ability and success. There was this difference between M. Ricord and Dr. Wood: The former yielded gracefully to a legal provision, which exists in France, requiring physicians to retire from any public position they may hold at sixty-five years of age, and surgeons at sixty years. The latter, in the absence of any regulation in our country, either statutory or customary, voluntarily retired, lest he should, unconsciously to himself, "pass that period of life at which mental imbecility and infancy occurs, and thus become a burden on the institution to which he was attached."

The instances cited above, suggest some thoughts in regard to the policy which should guide the management of our public institutions. That many of them would have been great gainers, had some who held appointments in them been as considerate as was Prof. Wood, will scarcely be denied. A medical school can much better afford to lose the five or ten years additional labor that such a man as Dr. Wood was capable of giving, beyond sixty years of age, without any abatement of his natural force, than it can sustain without detriment to its interests, the platitudes, egotism, and self-sufficiency of another man whose mental imbe-

cility crops out, albeit unconsciously to himself, even before he has reached the age of threescore years. In cases like these, a statute of limitations would be of incalculable advantage to our public institutions.

If we wish our colleges and hospitals to be well served—if we wish them to be institutions of *learning* where the medical student may be taught the principles of medicine, and see those principles practically applied in the treatment of disease, we must see to it that they are served by men of ability—apt teachers, thoroughly alive to the responsibility of their position; men who keep pace with the progress of medical science.

It is utter folly to expect that our public institutions can be carried on vigorously and successfully, and that justice can be done to the cause of medical progress, while important positions are held in them, by those most to be pitied of imbeciles, who fancy that they are giants in intellect, while they are actually descending the intellectual scale with a velocity that increases fearfully with the lapse of time.

But is it practicable, in our country, to adopt regulations making it obligatory on all who hold appointments in our colleges and hospitals to retire when they arrive at a certain age? For very few will be as considerate as our townsman, Dr. Wood, and do so voluntarily. Our national and State legislatures cannot pass general laws requiring such a course.

Still, we think it is practicable, and in this way. Our medical colleges and hospitals, though conducted by voluntary associations, are chartered institutions, the offspring of special legislation in our several States. Let those that are already chartered, have their charters so amended as to require their appointees to retire at a certain age, and give the trustees an opportunity of making other appointments; and let new institutions introduce the same provision into their charters. They will, in this way, give evidence of their desire to do all in their power to advance the interests of medicine in this country, and at the same time do much to insure their own permanence, efficiency, and success.

What a revolution would be created in medical education could such a regulation go at once into operation! Medical colleges, now regarded as almost in their dotage, whose dimmed lights once shone with a brilliancy that attracted attention, and gave them a national reputation, would speedily renew the vigor of their earlier years, and retain the position which they will most certainly lose if the present mistaken course is persisted in.

We would by no means be understood as advocating the opposite policy of thrusting young, inexperienced, mere theoretical men into these important positions. *In medio tutissimus ibis*—is, in our opinion, as applicable in this connection as in any other, and our readers will certainly admit that it would be good policy in our colleges and hospitals to adopt such regulations as will fill their chairs with active, middle-aged men, who are thoroughly capable of teaching medicine in accordance with the most recent observations and improvements, while they utterly reject the theories and abstractions of the past, which the light of modern science has shown to be utterly fallacious. How many a precious and wearisome hour have many of them spent in listening to the recital of long-since exploded doctrines, profitless speculations, details of favorite cases that involved no principle, and, finally, the stale—often immoral—joke or anecdote that some of our learned professors pay students the poor compliment of doling out to them year after year, fitting accompaniments of the stale theories, etc., on which we have been animadverting.

SPIRIT OF THE MEDICAL PRESS.

Many a hearty shake of the hand have we had, personally, and in exchange of editorial courtesies, with the senior editor of the *Nashville Journal of Medicine and Surgery*. We have crossed pens, and then have heartily pledged each the health and long life of the other. Our editorial intercourse has lasted through one decade of years—may another find us each in his own sphere, laboring for the advancement of our beloved profession!

We quote the following from the editorial announcement of the close of the volume:

1. Because we admire and heartily reciprocate the sentiments given utterance to; 2. Because we are proud to find such sentiments in the organ of the medical profession of our native State; and, 3. Because we believe they will commend themselves to the heart of our readers in every part of our widely-extended and glorious land:

"Amid the great political excitement of 1850 we founded this Journal, and are now closing the tenth year of its vigorous existence, surrounded by political troubles heretofore unknown to the annals of our beloved country. Then the great men of the land stretched forth their giant arms heavenward and brushed from the political horizon the threatening cloud, and the sunshine of peace and good-will gladdened the land with its generous warmth. Being dead they yet speak. 'I still live,' was the dying utterance of the great man of the New World. Let us believe that he spoke truly, and that the giants of those days all 'still live.' We have for the last ten years published an *American* Medical Journal. We love the name AMERICAN, without prefix or addendum;—not a Mexican American, a Central American, a South American, a Canadian American, but *American*—a citizen of the United States.

"We close our tenth volume in gloom, but not without hope. God and the sainted dead constructed this temple of freedom for higher purposes than that it should so soon become a broken idol, crushing in its mighty fall the hopes of the world. We are only dreaming. The night mare is on us. We will presently awake to a realization of a glorious morn. We already hear in mingled melody the merry voices of the household, and the troubled dream of a protracted slumber is dissolving. The rack and storm-cloud elements are being metamorphosed into gentle visions of the rice cakes of the Carolinas, and the pumpkin pies of New England. When Pandora's box was emptied upon poor mankind, Hope, like the sputa of pneumonia, cleaved to the bottom. Thank God for that! We have HOPE left! The great tonic, Hope—that is left us. It is our staff and buckler. With this anchor ready for the most trying emergency, we shall launch our tried and faithful craft upon the unknown sea of 1861. It shall be cleared, as for former cruises, for the *United States of America.*"

The following are some of the closing paragraphs:

"Friends of an honest profession, honestly pursued, you have sustained us through ten years of arduous labor. * * * *

"The ablest journalists of the United States, and the ablest writers known to our land, lent us their mighty aid. To our subscribers, the journals, and our host of talented contributors, we tender our grateful acknowledgements. We h nestly believe that the *Journal* has done good. W believe in the good State of Tennessee, wher its circulation has been largest, that a better and kindlier feeling exists among medical men than is observable elsewhere. The profession here is really a great brotherhood. And here at the capital it is really pleasant to witness the *esprit de corps* that characterizes its medical staff. We think the *Journal* ought to be continued, and that however fashionable secession may become, that there should be no secession from it. What the next ten years may develop the future alone can determine, but we are strong in the faith that among the results will be found twenty additional volumes of the *Nashville Journal of Medicine and Surgery.*"

The noble sentiments above quoted are worthy of the extended circulation they will receive through this journal, and we trust that the *Nashville Journal* will be directly benefited by it.

EPISTOLARY COINCIDENCE.

Under date Nov. 17th, we published New York Hospital Reports by our correspondent "C," and the December number of the Cincinnati *Lancet and Observer* has a correspondence from Philadelphia, dated November 18th, and signed "Richmond." As a curious specimen of "epistolary coincidence," we give the following:

New York Correspondent in the Reporter, Nov. 17th.

Apropos to the above, *the venerable and distinguished Dr. Valentine Mott*, of the University Medical College, made lately, in one of his admirable clinical lectures, what to me was a striking and novel STATEMENT. It was to this

Philadelphia Correspondent of Lancet and Observer, dated Nov. 18.

And also, I find what is, perhaps, a startling or novel SENTIMENT, held by *the venerable and distinguished Dr. Mott*, of New York: *that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and stru-*

effect: *that to his mind the conviction was irresistible that leprosy was the great progenitor of both syphilis and struma; that they were all three essentially the same disease.*

ma, and that they were all three essentially the same disease.

We admonish "Richmond" to mend his ways. The idea of making Dr. Mott responsible for such a dastardly "*sentiment*" (!) is awful. We do not know how he can bear up under the accusation. Our correspondent had it "*statement.*" To this we could reconcile ourselves. But "sentiment" is utterly above our æsthetic culture. We shall next hear of some learned professor of surgery giving utterance to the "*sentiment*" that a fracture is a solution of continuity. Very *sentimental!*

Correspondence.

———, *Illinois, Dec.* 6, 1860.

Messrs. Editors:—The several articles in the Reporter, as well as other medical journals, on the subject of a new degree, to emanate from the American Medical Association, show that the profession is waking up to the importance of such a movement. Your correspondent "M. A. M. A.," as it seems to me, takes a right view of the matter. The degree should be granted by the National Association itself, and not by any State society. This might be done, if thought best, by the appointment of a Board of Examiners in each State, taken from the members of the National Association, and their report to be made to a central committee of the Association, who should grant the degree.

One of the advantages to be gained by such a degree would be, that the holder thereof would be enabled to take his proper place in the ranks of the profession in every State of the Union, which could not be the case if it was granted by a mere State organization. Let the examination be rigid and thorough, and it would prove a stimulus to the young men entering our ranks, inciting them to the highest degree of mental culture and scientific acquirement; and it would draw the line of demarcation between the trustworthy physician and the charlatan, which nothing else would. As to the "title," we can safely trust the Association for that; let us only have the degree, and it matters little for the rest. Bah! Let it be understood that the degree can be withdrawn at any time for cause.

Yours, Medicus.

Discoloration of the Fœtus and the Fœtal Membranes.

Messrs. Editors:—On the 2d of this month I was called to attend Mrs. —— in labor with her fourth child; the woman was naturally corpulent and, in every respect, healthy in her general appearance. After a somewhat protracted, though perfectly natural, labor, she gave birth to a plump, hearty little boy, who was thickly covered with a bright yellow unctuous substance. The membranes enclosing the fœtus were also stained in like manner. This is a peculiarity connected with the fœtus that I have never before witnessed in a practice of eight years. Although no chemical investigation was instituted to ascertain the nature of this coloring matter, I felt pretty sure that it was the coloring matter of bile. Will some of our professional brethren have the kindness to give us further information with regard to this interesting peculiarity?

Samuel R. Rittenhouse.

Macungie, Lehigh Co., Pa., Dec. 5, 1860.

NEWS AND MISCELLANY.

☞ Many of our subscribers, especially in the Southern and Western States, have, of late, very considerately forwarded their subscriptions in hard money, in consequence of the prevailing monetary difficulties. This has been a great convenience to us, and we hope it will still be done, as far as possible—but, we desire it to be understood, that we receive in payment of subscriptions any money that is current at par in the section of country from which it is sent.

Affection of the Hip-joint as a Consequence of Uterine Diseases.—Dr. Hoppe calls attention to the fact that in the course of uterine disease, there may be well-marked hip-joint disease set up, as indicated by pain and tenderness in the region of the joint or the trochanter, and impeded movement, owing to the contraction of the abductors and flexors. Both sides may be effected, either simultaneously or in succession. It may exist only in a trifling degree, and when it prevails to a greater extent it may go on afterwards independently of the uterine affection. In moderate cases the affection of the hip-joint disappears with that of the uterus.—*Berlin Med. Zeitung.*

Long Incubation of Vaccinia.—Dr. Hodges reported recently to the London Medical Society the attempted vaccination of a child, but without any result, occurring at the usual period. In one year from that time a regular vesicle formed, which went through the usual course of vaccination, and left the characteristic cicatrix.

Dr. Henry Miller on Medical Education.—We have received a reprint of the able address of Dr. Miller, President of the American Medical Association, delivered before that body at its last meeting. We extract the following:

It is to be hoped that the medical colleges of the United States will not continue to turn a deaf ear to the proposals that have been addressed to them by this Association, and reiterated, from year to year, with so much earnestness. They cannot remain impassive, without manifesting such a disregard of public medical opinion, as must operate injuriously to their own interests, as well as detrimental to the profession. That their sessions should be extended to six months, is a proposition so self-evident as scarcely to need argument. We have it on good authority that the late celebrated Prof. Wistar admitted to a friend, in 1816, that the founders of the Philadelphia School had committed a great error, in not establishing a session of *six* months; how great is the error, then, of the schools of the present day, in so tenaciously adhering to the sessions of *four* months, when all the branches of medicine have advanced far beyond their development at the period of the foundation of the first American medical school, and new ones have been added to their ever-widening circles! At their first organization, the medical faculty of the Philadelphia School consisted only of Morgan, Shippen, Kuhn, and Bond; and its first commencement was held in 1768—the year preceeding the appointment of Doctor Rush—and even so late as 1791, when the college was merged in the University of Pennsylvania, the medical faculty consisted of Dr. Shippen, *Anatomy, Surgery, and Midwifery*, with Dr. Wistar for his adjunct; Dr. Kuhn, *Theory and Practice of Medicine;* Dr. Rush, *Institutes of Medicine and Clinical Medicine;* Dr. Hutchinson, *Chemistry;* Dr. Griffiths, *Materia Medica*, and Dr. Barton, *Natural History and Botany*. A distinct chair was not created for Surgery until 1805, nor was Midwifery admitted as a separate branch until 1810. When these practical branches had acquired sufficient dimensions to call for separate professorships, we cannot restrain our surprise that the necessity for corresponding enlargement of the sessions of the school was not felt and acknowledged.

But, since 1810, not only have surgery and midwifery, including the diseases of women and children, been greatly extended in their scope, and also in the importance generally accorded to them, but the co-ordinate departments of medicine have had their boundaries greatly enlarged—to such a degree, indeed, that it is, I believe, almost universally admitted by those most competent to judge, that it is impossible for any faculty to do justice to them in the short space of four months. Not to tire your patience with proofs of the correctness of this statement, I will only instance midwifery, clinical medicine, physiology, and chemistry. So great has been the expansion of midwifery, with its annexes, that it has been recently divided, and its teaching assigned, in one of our schools, to two professors, while clinical medicine, which occupied so small a space at the epoch referred to, has assumed a commanding position; and still the cry of the profession is that more of it should enter into our courses of public instruction. Physiology has participated so largely in the advancement of its kindred sciences, that it is almost a new creation; speculation, so rife half a century ago, having given place to observation and experiment, aided by the microscope, and more exact chemical analysis. And what shall we say of chemistry? Fifty years ago it was a meagre, unsettled science, busied with the elements and inorganic substances; but now it has entered the laboratory of organization, and boldly grapples with the most occult phenomena of life, and is probably destined to shed more light on physiology and pathology than any other means of investigation.

Nor is this all. The medical teaching of our times differs widely from that of our fathers, in that it is eminently practical and demonstrative. The learned and elaborate discussions of theories and systems of medicine, of which the fathers were so fond, and which constituted the intellectual feasts of the lecture room—with a few side-dishes of the material and tangible—have ceased, and that which can be *seen*, and *heard*, and *handled*, has been ushered in. All who have any experience in teaching are aware that much more time is consumed by the demonstrative, than by the didactic methods of instruction, and must, therefore, admit that, if the former is to supersede the latter, prolongation of the time hitherto allotted to scholastic instruction is indispensable.

Time of Appearance and Disappearance of Varioloid.—"The first case of varioloid at the Church Home occurred the last week in February. There were seven by the first week in March; eruptions out on the 3d, 4th, and 7th day; on the 8th, full on the face; on the 10th, they appeared on lower extremities, commencing to dry up from the 9th to 12th. The disease commenced to disappear about April 1st, though, as late as the 20th of April, there were large suppurating ulcers requiring opening under the skin of head and face of one little sufferer who was pitted." A man with small-pox died under my care in the Marine Hospital in 1858; only three out of twenty-five inmates took the disease; these were transferred to the pest-house, and recovered. The infection was thus timely extinguished.—*Dr. Porcher; selected cases;—Charleston Med. Journal and Atlanta Journal.*

Professor Gross' Surgery in Germany.—A recent number of *Schmidt's Jahrbücher* contains an elaborate review of Gross' System of Surgery, concluding as follows:

After having thus called attention to the essential peculiarities of this work, in conclusion, we cannot but again urgently recommend it to all our colleagues who take an interest in surgery, convinced that they will not repent of having put themselves in possession of it. The author has only given what has occurred to himself, but from a very rich experience, with deep knowledge, a discriminating spirit, open, simply, and true. Should a good German translation be published, as it is to be hoped in the interest of a general dissemination of the work, we would only wish that, in order to render it more convenient, the two large bulky volumes of the original, which can only be read at home at the desk, be divided into six or eight volumes more easily handled.

Treatment of the Freckles of Pregnancy.—When freckles, which are of such common occurrence in pregnancy, persist after delivery, M. Hardy recommends the following lotion: Dist. water 125 parts, corrosive sublimate ½ part, sp. wine 9 parts, to dissolve it, sulph. zinc, acetate of lead, aa 2 parts. When this application fails, Barèges or Luchon water, applied as local douches to the parts affected, induce slight inflammation, which facilitates the absorption of the pigmentary deposits—*Bull. de Thérap.*

☞ We call the attention of readers to the establishment of J. M. Migeod, manufacturer of medical saddle bags, medicine chests, pocket cases, military equipments, trunks, valises, etc. They will always find at Mr. Migeod's establishment an excellent assortment of medical equipments of every kind at moderate prices. Their articles are manufactured tastefully and durably.

MARRIAGES.

Dwinelle—Bowditch.—In New Haven, on the 21st ultimo, by Rev. Dr. Cleveland, Dr. James E. Dwinelle, of Baltimore, Md., to Miss Mary E. Bowditch, of the former place.

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Answers to Correspondents.

Dr. W. and Others.—We are sorry that we cannot now supply you with the first number of the current volume of the Reporter, or file of that number being entirely exhausted, except for complete sets. We are advertising for copies, and hope to be able to supply it after awhile.

Dr. G. W. C. J.—The United States Pharmacopœia—which was revised this year—is not yet out.

Caustic.—The letter was not noticed because it was anonymous. A name is always necessary, not for publication, unless so indicated, but to give a responsibility to the communication.

D. S.—The apparatus used in all the hospitals of this city for fractures of the shaft of the femur is Physic's modification of Desault's, or the "long splint." With this apparatus, extension is now made by means of adhesive straps along the sides of the leg. Counter-extension is made with the perineal band, or preferably by means of adhesive strips attached obliquely to the thigh, as advised by Dr. Gilbert, or by Dr. Hodge's addition to the upper end of the long splint, from which long and broad straps extend down the back to the buttock, and on the front of the body to near the pelvis.

T. S. B.—Your questions are not sufficiently precise for definite answers. If the callus is recent it may be bent or broken by force, and the fracture re-set. If old and firm, the best procedure is the operation of Brainerd, which consists in softening the callus by inflammation produced by drilling or piercing it in different directions. The callus becomes soft in from ten to fifteen days, and may then be bent.

W. S.—Subcutaneous injections of sulphate of morphia should not generally at the first application exceed the quarter of a grain. We have seen considerable narcotism produced by the injection of half a grain beneath the skin.

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COMMUNICATIONS RECEIVED.

District of Columbia.—Thomas Lawson, Surgeon-General U. S. A. *Indiana*—Dr. H. M. Crouse. *Louisiana*—Dr. N. B. Benedict, (2.) *Maine*—Dr. A. F. Page. *Massachusetts*—Dr. Buckingham. *Missouri*—Dr. W. C. Boon, Drs. Catlett and Sivelson. *New York*—Dr. MacNicholl, (2,) Dr. H. S. Dimick, Dr. O. C. Gibbs, Dr. H. R. Rogers, (with encl.,) Kinnie & Phillips, Dr. S. Ward, (with encl.,) Dr. C. K. Irwin, (with encl.,) Dr. C. D. Mosher, (with encl.,) Dr. G. Steinert, Dr. G. A. Hall, (with encl.,) Dr. E. N. Chapman, Dr. A. Willmann, (with encl.,) Dr. S. C. Pettingill, (with encl.,) Dr. O. T. Bundy & Son, (with encl.,) Dr. H. Gregory, (with encl.,) Mr. J. Brown, (with encl.,) Mr. John Hulme. *Maryland*—Dr. J. Sappington, (with encl.,) Dr. R. E. Bromwell, (with encl.,) *North Carolina*—Dr. L. W. Martin. *New Jersey*—Dr. A. W. Woodhull. *Ohio*—Mr. W. E. Chapman, Dr. G. W. Martin, (with encl.,) Dr. G. C. Norton, (with encl.,) Dr. W. Salisbury, (with encl.,) Dr. D. R. Howland, (with encl.,) Dr. A. C Lewis, (with encl.,) Dr. J. W. Pettijohn, (with encl.,) Dr. S. H. Farington, (with encl.,) Dr. O. P. McDonald, (with encl.) *Pennsylvania*—Dr. U. Q. Davis, Dr. S. R. Rittenhouse, Mr. J. Hulme, Dr. G. B. Seamens, (with encl.,) Dr. H. Hollister, (with encl.,) Dr. B. A. Bouton, (with encl.,) Dr. J. Foote, (with encl.) Dr. R. Foote, (with encl.,) Dr. C. Burr, (with encl.,) Dr. N. Ottman, (with encl.,) Dr. E. T. Losey, (with encl.,) Dr. F. R. Wagner, (with encl.,) Dr. J. Harris, (with encl.,) Dr. A. Strong, (with encl.,) Dr. C. King, (with encl.,) Dr. W. C. Phelps, (with encl.,) Dr. M. R. Knapp, (with encl.,) Dr. C. K. Thomas, (with encl.,) Dr. M. Newberry, (with encl.,) Dr. J. Montgomery, Dr. MacNicholl, (2,) Dr A. G. Ely, (with encl.,) Dr. L. G. Hall, (with encl.,) Dr. D. O. Loop, (with encl.,) Dr. G. W. Hudders, (with encl.,) Dr. P. M. Schweinhard, (with encl.,) Dr. A. Lippincott, Dr. B. H. Stephens, (with encl.,) Dr. J. R. Thomas, (with encl.,) Dr. H. L. Stearns, (with encl.) Dr. G. B. Curtis, (with encl.,) Dr. T. Appley, (with encl.) *Rhode Island*—Dr. G. L. Collins, Dr. E. M. Snow.

Office Payments—Mr. Reinhold, H. Dye, E. A. Pyatt, Dr. J. E. Smith, (Pa.,) Dr. F. R. Spang, (Pa.,) Dr. J. P. Kall. By Mr. Swayne: Dr. Salmon.

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WANTED—OCTOBER 6th, 1860.

We are much in want of copies of the Medical and Surgical Reporter for October 6th, 1860, to complete the files for new subscribers. We will pay *ten cents a number* for copies of that date, and be *very thankful* to any of our subscribers or readers who may have copies to spare, and will take the trouble to forward them to our office. Those forwarding copies should put their name and address on the cover. To such we will return ten cents in a copy of the Reporter, or by mail.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 1, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	229	409	.....	136	73	.....	.....	.....	.....	.....	67
Males	118	205	.....	71	35	.....	.....	.....	.....	.....	40
Females	111	204	.....	52	38	.....	.....	.....	.....	.....	25
Sex not stated	.....	.....	.....	13	.....	.....	.....	.....	.....	.....	.....
Whites	215	405	.....	114	.....	.....	.....	.....	.....	.....	65
Black and colored	14	4	.....	20	.....	.....	.....	.....	.....	.....	2
United States	178	259	.....	70	58	.....	.....	.....	.....	.....	.....
Foreign countries	37	149	.....	34	16	.....	.....	.....	.....	.....	.....
Nativity unknown	.....	1	.....	32	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	100	193	.....	48	41	.....	.....	.....	.....	.....	.....
5 to 10 years	16	15	.....	9	} 4	.....	.....	.....	.....	.....	.....
10 to 20 "	8	8	.....	7	}	.....	.....	.....	.....	.....	.....
20 to 50 "	58	129	.....	43	} 28	.....	.....	.....	.....	.....	.....
50 and over	47	63	.....	11	}	.....	.....	.....	.....	.....	.....
Unknown	.....	1	.....	18	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	14	16	.....	2	4	.....	.....	.....	.....	.....	3
Cholera Infantum	1	1	.....	1	2	.....	.....	.....	.....	.....	.....
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	7	.....	7	1	.....	.....	.....	.....	.....	.....
Diphtheria	5	13	.....	5	1	.....	.....	.....	.....	.....	4
Dysentery	1	2	.....	2	.....	.....	.....	.....	.....	.....	2
Erysipelas	.....	.....	.....	1	1	.....	.....	.....	.....	.....	.....
Fever, remittent	2	4	.....	2	1	.....	.....	.....	.....	.....	2
Fever, intermittent	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
" typhoid	9	4	.....	3	4	.....	.....	.....	.....	.....	3
" typhus	1	7	.....	.....	.....	.....	.....	.....	.....	.....	1
" scarlet	13	21	.....	6	5	.....	.....	.....	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	1
Measles	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	1	7	.....	.....	4	.....	.....	.....	.....	.....	.....
Congestion of Lungs	3	4	.....	2	3	.....	.....	.....	.....	.....	1
Consumption	32	65	.....	17	10	.....	.....	.....	.....	.....	8
Pneumonia	6	30	.....	9	3	.....	.....	.....	.....	.....	7
Hemorrhage from Lungs	.....	.....	.....	7	.....	.....	.....	.....	.....	.....	1
Pleurisy	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	4	.....	.....	.....	.....	.....	.....	.....	.....	4
Convulsions	10	28	.....	9	1	.....	.....	.....	.....	.....	7
Congestion of Brain	6	13	.....	1	1	.....	.....	.....	.....	.....	1
Disease of Brain	3	1	.....	1	2	.....	.....	.....	.....	.....	.....
Delirium Tremens	2	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	2	12	.....	.....	4	.....	.....	.....	.....	.....	.....
Inflammation of Brain	3	13	.....	1	.....	.....	.....	.....	.....	.....	5
Paralysis	5	5	.....	4	2	.....	.....	.....	.....	.....	.....
Tetanus	.....	2	.....	3	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	2	3	.....	1	3	.....	.....	.....	.....	.....	1
Phlebitis	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gastritis	.....	2	.....	.....	1	.....	.....	.....	.....	.....	.....
Hepatitis	1	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	8	6	.....	9	.....	.....	.....	.....	.....	.....	.....
Marasmus	5	25	.....	1	1	.....	.....	.....	.....	.....	1
Peritonitis	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	1	1	.....	1	1	.....	.....	.....	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Cancer	.....	2	.....	1	1	.....	.....	.....	.....	.....	.....
Dropsy	9	4	.....	5	2	.....	.....	.....	.....	.....	.....
Debility, etc	15	16	.....	3	1	.....	.....	.....	.....	.....	2
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	1	.....	}	1	}	.....	.....	.....	.....	.....	}
Convulsions	.....	.....	}	.....	} 4	.....	.....	.....	.....	.....	} 2
Fever	.....	2	}	.....	}	.....	.....	.....	.....	.....	}
Diseased Womb	.....	1	}	.....	}	.....	.....	.....	.....	.....	}
External Causes.											
Accidents	10	14	.....	2	2	.....	.....	.....	.....	.....	1
Poisoning	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	17	.....	.....	11	.....	.....	.....	.....	.....	.....	4
All other causes	17	41	.....	20	8	.....	.....	.....	.....	.....	6

CASTLETON MEDICAL COLLEGE.

Castleton, Vermont.

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MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

The Pulse—its Value as a Diagnostic Sign of Pulmonary Tuberculosis, with Cases Illustrating the Same.

By A. P. Dutcher, M. D.,

Of Enon Valley, Lawrence County, Pennsylvania.

Perhaps there is no one symptom more frequently consulted and relied upon, as a diagnostic mark of pulmonary tuberculosis, than a tense, jerking, and frequent pulse. In giving this symptom its due weight and importance, we must briefly consider the character and variations of the pulse during health. If we do not do this, we will not be able to form a just estimate of what constitutes a morbid condition of the pulse in this case or any other.

The most superficial observer will soon discover that there are variations to be found in the natural state of the pulse—variations dependent on the strength of the heart and on the natural constitution of the arteries. When the heart is large and firm, other things being equal, the pulse will be sharp and strong; when the contrary exists, it will be dull and feeble. If the arteries have thin and yielding coats, and are at the same time of large diameter, the pulse will generally be large and soft; if their calibre be small, the pulse will be small and weak; if their walls, on the other hand, be deficient in elasticity, and very firm, the pulse will then be commonly hard and strong, as well in health as in disease.

The pulse is also influenced by temperature, age, sex, and the various temperaments of the body. It is also remarkably influenced by the various mental emotions—anger, grief, fear, and joy. It is likewise very materially affected by taking of various kinds of aliment, by ardent spirits, by opium and other sedatives, by exercise, sleep, and watching, and the periods of the day. Gravitation produces a decided influence on the pulse; thus, if a limb be raised in a vertical position, the beat of the artery becomes considerably feebler. The influence of exercise in raising the pulse exceeds that of all other stimuli, and even of the most inflammatory diseases. A full meal will augment the frequency of the pulse, by from ten to twenty beats in the minute, according to the excitability of the individual. The frequency of the pulse during sleep is considerably reduced, which depends chiefly on the comparative cessation of all voluntary muscular action.

The effect of posture on the pulse is also very marked. Thus, for the most part, it is more frequent in the erect, or standing, than in the sitting posture: and in this latter, again, somewhat quicker than when lying, the average difference, in the first instance, being about double that in the second. Thus, we find, on experiment, throwing aside nearly every other cause, that the average difference between the standing and sitting posture, will be ten per minute; between sitting and lying, about five; and between standing and lying, about fifteen. The difference depends on and is directly proportional to the muscular effort exerted in the maintenance of respective postures. It becomes greatly augmented in cases of debility, and increases in a very rapid ratio whenever the circulation, whether from disease or exercise, is much accelerated. It is, moreover, most conspicuous in the early part of the day, reaching its maximum about noon, and its minimum about midnight. The excitability of the pulse in respect to other causes is, likewise, when in a state of health, at its height in the morning. The strength of the pulse is the greatest in the recumbent posture, so that the

greatest strength and least frequency are attained simultaneously.

The temperaments, also, have a great influence on the pulse. Thus persons of the lymphatic temperament, as a general thing, have a slow, soft pulse, while individuals of the sanguine and nervous have a more active and sharper pulse, while those of the bilious have a full, strong pulse, but not very frequent. But as the temperaments are seldom found pure, they being united in various combinations, so as to form what may be called the nervo-bilious, the nervo-sanguineous, etc., we will always find various gradations in the strength and frequency of the pulse, according to the predominating temperament. Hence, we sometimes find individuals of the lymphatic temperament suffering from inflammation, with a pulse varying but little from that which would be a healthy standard in a person of the nervous or sanguine. So, also, we frequently see individuals of the nervous temperament, when ill, with a pulse far above the healthy standard, both as to strength and frequency, when there is not a particle of inflammation attending the malady; its rapidity the result of the prevailing influence of the peculiarities of the constitutional temperament. I am acquainted with several persons of the nervous temperament, whose pulse, even in health, is seldom less than 90 per minute in the sitting posture. The temperaments, therefore, should not be overlooked, when we are to form an opinion of any disease by the character of the pulse.

The quantity and quality of the blood, also, have a great influence on the pulse. We have a striking example of this in cases of plethora, in which it is distinguished by its fullness, as well as its strength, unless when, from overdistension or some other cause, the action of the heart is temporarily oppressed. Again, the loss of blood renders the pulse soft and less frequent. But where bleeding, for instance, is carried to excess, it seems to excite or exalt the irritability of the heart, and, consequently, renders the pulse more rapid and sharp; but, even then, it will have a quick, jerking, or bounding character, without fullness or permanence under the finger, sufficiently indicative of deficiency of blood in the arteries. The quality of the blood has also a marked influence on the pulse. When it abounds in its normal constituents, it is circulated with facility. But when it becomes deficient in its healthy constituents, and its specific gravity is very much reduced, it is with difficulty propelled through the arteries, hence the heart labors more actively, and the pulse is augmented in frequency.

The following table, from Carpenter's Principles of Human Physiology, will show the average frequency of the pulse, at the different periods of life specified:

	Beats	per	Minute.
In the fœtus in utero	140	to	150
Newly-born infant	130	to	140
During the first year	115	to	130
During the second year	100	to	115
During the third year	90	to	100
About the seventh year	85	to	90
Age of puberty	80	to	85
Manhood	70	to	80
Old age	50	to	65

The difference of the pulse, caused by sex, is very considerable, particularly in adult age. The pulse of the adult male is much less frequent than that of the adult female, at the same age—the latter having a pulse more frequent by ten beats per minute.

Such are some of the circumstances which regulate the action of the pulse during health. We will now notice some of its peculiarities as manifested during the progress of phthisis. The character of the pulse in this disease, which has always attracted most attention, is *frequency*. By a reference to the above table, you will see that the average number of beats of the pulse per minute are 70 to 80 in the adult. Now, when phthisis exists, the pulse will seldom be less than 100 per minute. Even at its very commencement, the frequency and excitability of the pulse is often its most striking characteristic. When the patient is tranquil, the pulse is tranquil, but the least excitement carries it up ten, and sometimes twenty, beats in a minute. As the disease advances, the acceleration of the pulse becomes more and more decided. In the last stage of the disease I have frequently seen it number more than one hundred and fifty strokes in a minute.

If I am called to see an individual who is able to be up and about, with a pulse varying in frequency from 100 to 110, or if he is able to come to me with a pulse of this description, I generally suspect phthisis from that symptom alone, for I am not acquainted with any disease, where the pulse is so frequent, that the patient would be capable of such exertion. It is only in phthisis that an individual should be able to do it, with a pulse thus augmented in frequency.

Some two years since I was requested to see a young man, said to be very ill with intermit-

tent fever, having recently came from a malarious district. He informed me that his health had not been very good for more than a year. This he attributed to occasional attacks of ague. The present indisposition commenced about eight weeks since, during which time he has had regular paroxysms of chills and fever in the morning, attended with slight perspiration in the afternoon. Rests well at night, and has a good appetite. Has but little cough and expectoration. Thompson's gingival margin is not present. Has no hereditary title to phthisis. Has emaciated but very little. In the after part of the day is able to ride out in a carriage three or four miles. Is cheerful and disposed to look at the bright side of life's picture. His physician regarded his case as chronic ague, and had been treating him accordingly.

It was in the evening when I first saw him, and the only marked peculiarity in his general symptoms, which I was able to discover, was the frequency of his pulse, and this appeared to be out of proportion with every thing else, numbering 110 per minute, in the sitting posture. This circumstance led us to make a more critical examination of the case. Every physician who has been very much in the habit of treating intermittent fever will bear testimony to the fact, that in the complicated form of the malady, during the intermission between the paroxysms, we seldom meet with an individual who has a pulse over 90 per minute. And where we do meet with a case of this kind, we are apt to infer the existence of organic disease. In this instance we came to this conclusion, and it was verified by a careful examination of the chest; for, on percussion, dullness was elicited under the left clavicle, and, on auscultation, crepitation, prolonged expiration, and marked vocal resonance, with some clicking, showing very clearly the existence of tubercular infiltration and softening, with slight inflammation of the left lung, particularly the superior lobe of the lung. The sounds elicited on the right side were normal, with the exception of the prolonged expiratory murmur, indicating the formation of crude tubercular matter. His case was, therefore, easily made out. The prognosis was unfavorable. He died some six months afterwards, a very marked example of pulmonary tuberculosis.

But we must not rely too much on the frequency of the pulse as a symptom of phthisis. We will sometimes meet with individuals, who have the disease, where the pulse does not rise above the natural standard. These persons are somewhat advanced in life, and the progress of the disease is very slow. I recently attended an old man aged 70, who died with the disease, whose pulse at no time during his illness was over 65 per minute.

The most interesting thing connected with the pulse, during the progress of phthisis, particularly in the second and third stage, is the fact that it is not materially altered by change of posture. We have already referred to the fact, that in health the pulse varies much between the standing and lying posture—about 15 beats per minute. Now, the difference produced by change of posture, in this disease, is very trivial. In some cases no change is produced, while in others it will not exceed more than two beats per minute, and very rarely ten. I saw an individual, a few days since, afflicted with this disorder, whose pulse in the sitting posture was 110, and after walking up a flight of stairs twelve feet high, it was only increased ten strokes in a minute. I have frequently tried this experiment, with very nearly the same results. And it is a question which remains to be settled, whether the pulse ever entirely regains its sensitiveness to change of posture, when the lungs have been the seat of tubercular deposits. The return of such sensitiveness, under treatment, is, without doubt, a favorable circumstance, as the following case will prove:

W. B. was an individual of the nervo-bilious temperament; aged 23. Had no hereditary title to phthisis. When in health weighed 130. At the time of my first visit he had been ill for nearly two months, and had declined in weight to 103. In the lying posture his pulse was 110 per minute; in the standing, 112. His respiration was 30 per minute in the lying posture; no change by standing. Mouth and throat very much inflamed. Gingival margin very clearly defined, both on the upper and lower jaw. Has had a dry cough for three weeks. Bowels costive, and somewhat tender to the touch. Has had fever every afternoon for ten days. Appetite very poor, and did not rest well at night. Mind hopeful and contented. He complained of pain in the left side, and could not lie upon it. Percussion elicited dullness under the left clavicle. On auscultation, slight crepitation, prolonged expiration, with marked increased vocal resonance, showing inflammation and slight tubercular infiltration of the superior lobe of the left lung. The sounds elicited on the right side were normal.

For the first ten days the treatment was antiphlogistic, after which he was placed upon the use of cod-liver oil, quinia, iron, and London porter, which were continued, with slight variations and interruptions, for two months, at which time he presented the following condition:

Pulse, lying, 75, standing, 85; respiration, 18. There is still some dullness and vocal resonance under the left clavicle; prolonged expiration and crepitation all disappeared; the gingival margin was but faintly defined. He was now able to ride on horseback several miles in the course of the day, and had gained 12 pounds in weight. Two months from this time he was in the enjoyment of his usual health.

In watching this case closely, I observed that just in proportion as the pulse was increased in frequency, by changing from the lying to the standing posture, was the improvement. And when the difference was 10, the patient was nearly well. His pulse, however, never acquired that sensitiveness to change of posture which belongs to the normal pulse; for at no time does it ever exceed 12 beats per minute, between lying aud standing.

But we should not neglect to observe, that the pulse is more sensitive to change of posture in the morning; and we will find in cases of phthisis, that the difference will be somewhat more in the morning than in the evening. Thus, in Mrs. S., a patient of mine, in the second stage of the disease, the pulse in the morning is 120 lying; standing, 128. In the evening, 120 lying, and 122 standing. We will do well, therefore, to keep this peculiar character of the pulse constantly in view, for it will aid us very much in our diagnosis and prognosis of this disease.

From what has been said upon this subject, I think we may reasonably make the following inferences:

1st. That when an individual is able to come to us with a pulse numbering 100 or 110 beats per minute, we should suspect pulmonary tuberculosis, from that symptom alone.

2d. That when unnatural frequency of the pulse occurs at the very commencement of the disease, and increases under treatment, we may anticipate a speedy and fatal termination of the case.

3d. That when the pulse is not very frequent, and gradually approaches the natural standard under treatment, we may sometimes hope for a favorable termination—a restoration to comparative health; and,

4th. That an improvement in the symptoms, generally, does not always bring with it a uniform improvement of the pulse. Its frequency is sometimes the last thing to disappear, in cases which recover.

On Disease as Manifested Epidemically and Epizoötically in the United States during the Summer and Autumn of 1860.

(Continued from page 277.)

By M. L. Knapp, M. D., etc.

Upon the whole, how superlatively ridiculous it is for learned doctors to spend their lives in laboring to "make the worse appear the better cause"—to make out that there are five hundred different diseases, or perhaps a thousand, according to symptoms, when, in fact, the symptoms are not disease at all, only evidences of it. I do not mean that symptoms should be disregarded, for they indicate the location of disease, but I do mean to say that the same amount of intellect, time, and labor, now employed in symptomatology and diagnosis, turned toward the investigation of the *essential nature* of disease and its causes, would soon make practical medicine a beautiful science. Develop practical medicine into a science, and sectarianism in medicine must vanish. Show clearly the great central truth that disease in all its manifestations is a unit in its essential nature—impaired nutrition—the opposite of health, which is a good or perfect state of nutrition, and it will gradually be dislodged. I may be permitted to say in this connection that the tyranny—the dogmatical tyranny of practical medicine—fought Dr. Jenner for twenty years on his discovery of the preventive power of vaccination over small-pox. It fought Dr. Harvey twenty-five years on his discovery of the circulation of the blood; and the same dogmatical adherence to old errors is opposing the new truths of my philosophy of disease. The doctors say there is more in my book than they are willing to admit. The profession feels the force of its truths, but the bondage of its errors prevents their endorsements, except by individuals. The joy the book gives individuals here and there, wherever it is disseminated, is proof that I am in the right. "*Poco a poco, y con tiempo se maduran las uvas,*" as the Spanish proverb has it, is the promise in the future. The

reason Dr. Rush did not establish the doctrine of the unity of disease, was because he made out disease to be *morbid action*. But certainly disease is not the action present. A cripple gets on the best way he can, but his action is not the essence of his difficulty. So in all disease. Nature moves in the best efforts she can, under the impaired state of nutrition present. The cattle on a thousand hills and in a thousand valleys that have sickened and died this season of so-called pleuro-pneumonia, black tongue, charbon, ophthalmia, milk fever, glanders, rot, cholera, etc., etc., etc., all had *one and the same essential difficulty*—an impoverishment of the blood, or an impaired state of nutrition. This dyscrasy or bad habit of the body is the first step, or the initial, or the predisposition, and comes of bad food, bad air, and bad meat; for good food, good air, and good meat are surely the vital stimulants that maintain health. Climatic influences will give variety to the manifestations set up, or the phenomena. So will the state and the changes of the weather. So will hereditary proclivities or constitutional weaknesses, etc. Under this state of predisposition of herds the effluvia from sick cattle will light up active disease. Again, even the contaminated air from effluvia of healthy cattle will light up a mortal fever in herds so predisposed, which explains the reason of the Missouri cattle sickening from contact with drovers from Texas, spoken of in a former communication. It explains also the reason why *all* of the exposed do not take the pleuro-pneumonia, glanders, and other infectious forms of disease. Some are in too perfect a state of nutritive health to be affected by the effluvia. This is the case in all epidemics and epizoötics. The pheomena sustain this view, and so do reason and common sense.

I say the state of predisposition, or the constitutional dyscrasy present in man and animals, explains the main law of the spread of disease by effluvia, infection, and contagion. I say, too, the general dyscrasy is a state of impaired nutrition, nothing more nor less, and no matter what has caused it, whether a long, cold winter, or a long, hot summer, or bad food, or all consecutively, the condition is essentially the same, and identical with the so-called scorbutic diathesis—there is but one. Now, almost any unusual influence will excite active disease upon this latent dyscrasy. Vicissitudes of temperature, foul effluvia, indigestible food, and in the human species moral causes, are the most common exciting or developing causes of active disease. I say, furthermore, that these exciting causes develop the epiphenomena seen in active disease by reason of their aggravation of the difficulty. A shock to the nerves, violent emotion, often arrest digestion, and throw the sanguiferous system into a perfect tumult. And I must say, I cannot see any other law violated but that of nutrition, by means of contagions and effluvia from the sick. Their action is to arrest still further the processes of nutrition, their victims being the predisposed. *How* this is done precisely is not known in the present status of physiological science, but I have ventured the suggestion in my pathological researches that it is by means of their chemical influence, and not by zymosis; by chemically preventing the recombining of the effete elements in the blood for rapid excretion, and not by setting up a fermentation in the blood, the present hypothesis. For under the present hypothesis, that the contagions act as ferments, you then have to inquire how fermentative action in the blood would produce disease? and you come at last to this answer, viz: by interrupting or impairing nutrition.

Under this view a broader explanation of the law of carbuncles, furuncles, anthraxes, buboes, and other exanthematous phenomena is had, than we see given by Dr. Cartwright in the view he takes of the cause of the tumors in charbon, viz: an effort of nature to throw out the poison of the mushrooms that he thinks caused the constitutional affliction. The broader explanation is, that the effete or waste elements of the system or tissues are uneliminated, and are pervading the blood and all parts of the solids—the real condition and nature of the putrid fevers, with buboes, and charbons, and pretechiæ, etc., and other real cause of the sudden deaths before the eruptions appear.

It has been quaintly said, in croup and acute bronchitis, where respiration has been so cut off that the carbon of the blood could not be eliminated, that the patient dies, "poisoned by his own blood." This illustrates my position. Let the effete elements fail to be eliminated but for a few minutes, as in suffocation from drowning, and the animal, whether man or beast, dies as a matter of course; and dies from the accumulation in the blood of the effete elements of the food and tissues. These elements have to enter into new combinations before they can be eliminated, forming carbonic acid, urea, uric

acid, ammonia, and other salts; and my opinion is, or my theory is, that the contagions and animal poisons produce their effects by hindering the combining, and thus preventing the excretion of the waste matter of animals—supply and waste constitutes nutrition. Interrupt either, and you have disease. Introduce the merest speck of variolus matter into the blood, and the work of impeding the combining of the effete elements begins, and goes on during the period of what is called incubation, until things have come to such a pass that all the organs of nutritive life are crippled, and then you have the symptoms, and finally the skin is covered with pustules, but certainly not for the elimination of the mere speck of foreign virus introduced into the blood, but the dead waste matter of the tissues. The nitrogenous compounds of animal bodies are prone to rapid decomposition, and the waste matter is dead, rapidly tending to putrefaction. Putrid fevers, putrid disease of every kind, plague, yellow fever, spotted fever, erysipelas, black tongue, puerperal fever, and all other forms of disease rapidly tending to death, find their explanation here. It matters not what name is given to this condition; it is only an embarrassment to multiply names.

As *supply* and *waste* constitute nutrition, and an equilibrium of supply and waste of health, and the loss of it disease, it is easy to see what must be the *chemical* and the *anatomical* conditions in disease.

The supply of elements for growth and repair come of the food. Man is said to contain all of the elements of nature in his mysterious organism. They are brought through vegetation. A great variety is the best diet he can have then. The food is digested and the elements go into the circulation. The stimulus of distention to the stomach and bowels and the blood-vessels, and the stimulus of supply of new elements for growth and repair, give vigor or vis vitæ.

The waste or change of matter, or disintegration and elimination of the old elements by the oxygen of the air from respiration, and the co-operation of kidneys, liver, skin, and all the emunctories, is the other scale.

Now, there is one feature in this *scale* to be attentively viewed in order to comprehend the essential nature of disease. It is this: the disintegration must go on, nolens volens, while ever an animal draws its breath. The disintegrated bone, muscle, tooth, tendon, nerve, and all the other tissues, must return as dead matter into the blood-vessels, and continue to do so in disease, till death. The supply of fresh elements from loss of appetite, etc., is necessarily cut off. *Chemically*, then, there is a want of fresh elements and a surplus of effete elements always in the blood in disease. *Anatomically*, as disintegration and emaciation are unavoidable, the solids are left porous, soft, flabby, and weak. This is the certain anatomical condition ever. To cast off and out the effete elements, by *eliminants*, and to furnish the best pharmaceutical and culinary *nutrients*, is the constitutional indication always in treatment. There may be much else to do, locally, mechanicly, or otherwise, but this is always the general indication.

New Orleans, Nov. 27th, 1860.

Death by Hanging and Strangulation.

By Ch. F. J. Lehlbach, M. D.
Of Philadelphia.

No. 2.

The reader, who has carefully perused the tabulated, differential, post-mortem appearances, more or less characteristic, of strangulation and hanging, with which we concluded the first paper on the subject, will have been struck, no doubt, with two facts apparent therefrom:

First, That in spite of the great similarity of both modes of death, as far as the *cause* is concerned, there is a remarkable difference in the necroscopic appearances; and

Second, That this difference consists to a great extent in the positiveness and well-marked appearance of the signs of strangulation, while those of hanging are more of a negative, or, to use a better expression, a milder character.

Aside from the fact, that the tabulated appearances given, based as they are upon the best observations, overthrow entirely the current ideas of characteristics *common* to strangulation and hanging; and aside from the fact, that the well-established physiological observations of Dalton show conclusively that the appearances mentioned as *common* to all forms of suffocation, by Dunglison and other authors, do in reality not exist in the two most nearly allied forms of suffocation—hanging and strangulation,—and that they were *premised*, by writers, upon hypothetical views regarding the effect of the stoppage of respiration upon the circulation in the lungs, which views are erroneous; aside from

all this, the table given in our former paper presents a point of remarkable interest.

It is curious that, though strangulation and hanging are both produced in exactly the same manner, only with the exception that in one case the constricting force acts from without, and in the other case is constituted by the weight of the body itself, there should be so remarkable and radical differences in the post-mortem appearances.

Strangulation, with appearances so positive, so characteristic, so marked, so violent, we might say, with the tumified, violet countenance, the protruding tongue, the blood in the nares, the ecchymoses in the face, the bloody froth in the larynx, trachea, and bronchi, the *ruptured air vesicles*, etc., is, in nine hundred and ninety-nine cases out of a thousand, the result of criminal violence of murderous intent. Hanging, on the contrary, with less marked appearances, with the pale, placid face, and scarcely a characteristic sign, except the peculiar trace of the cord around the neck, is in the same proportion the result of suicide or legal execution. Truly, murder will out! It leaves its physiognomy of violence upon the dead.

In this connection it may not be out of place to cite from Tardieu's essay one or two typical cases. One is reported† on page 79, under Observ. XIX.

"*Murder by strangulation, following a complete rape; hanging of the cadaver to simulate suicide.*

"The victim was a girl, fifteen years of age, whose body was found suspended on the 30th of August, 1858. The autopsy demonstrates in the clearest manner that the hanging had been accomplished after death, and for the purpose of hiding the double crime of rape consummated, and assassination committed by strangulation. I shall omit all that relates to the first crime, and refer only to the characteristic signs of strangulation, insisting upon the essential characteristics by the aid of which the expert has been able to distinguish homicide from suicide, and to recognize that the hanging of the cadaver was only a means attempted to hide the crime and escape justice.

"The head presented numerous traces of violence. Under the hairy scalp, around the left eye, on the forehead and cheek, are found large ecchymoses, arising from blows by the fist or by the foot. Blood flowing from the left ear. The brain is slightly punctated, and the veins are gorged with black blood, thick and tarry. The tongue, bitten and bloody, is inserted between the teeth.

"In front of the neck, the skin is marked by two bands, the lower one formed by impressions of the fingers, very near together, almost uninterrupted, and which have bruised, flattened, and as it were tanned the skin. The skin at these points is dry, almost hard, and viewed by transmitted light, presents the appearance of a thin lamina of horn. This lesion is above the substernal depression, and extends nearly over the lateral portions of the neck with such regularity in its curve and such exactness of the impressions, that we can recognize by their greater number on the left, those which have been made with the right hand. Above this first furrow, under the chin, is seen a sort of a depression, a little less extensive, more regular, a bruise of the same nature as the former ones, but continuous, resulting from the pressure of the index finger and thumb of the left hand, forcibly extended around and grasping the anterior portion of the neck. Finally, a little below, and very near the jaw, there is a superficial trace, of a livid redness without alteration of the skin, and obviously produced by the cord which had been placed around the neck, and by which the body had been suspended after death. Behind, there is neither a trace of compression or of a ligature,—nothing which would indicate the circular action of a cord. Larynx and bronchi contain froth. The lungs, which are neither more dense nor more voluminous than in the normal state, present nothing which resembles congestion or infiltration. The contents of the stomach have regurgitated into the æsophagus and up to the air passages."

The report of the preceding case is not by Tardieu, but by Dr. Loraine. The condition of the lungs, as regards rupture of air vesicles, is not noted; indeed we can well excuse this omission and others in a case where the external marks so clearly and unequivocally point out the cause of death.

In another case, however, (Obs. xi. p. 70,) where strangulation was committed upon a woman by the hands, Tardieu, among others, gives the following signs:—In the subcutaneous cellular tissue and the muscles of the neck, blood was found infiltrated and coagulated. The internal face of the larynx and trachea were covered over by a large quantity of very fine bloody froth. The lungs were voluminous, strongly congested, and presenting on their sur-

† Etude médico légale sur la strangulation, etc.

face a large number of emphysematous spots, formed by the union of ruptured pulmonary vesicles, having the aspect of white dots, like pellicles, irregularly disseminated under the pleura.

While strangulation, most always homicidal, leaves its physiognomy of violent death, more or less characteristically, upon the victim, we find in suicidal as well as in judicial hanging an opposite state of things, characteristic of non-criminal death by its very negativeness, as compared with the former.

Whence these differences?

Tardieu does not enter into any physiological explanation whatever; nor does Dalton apply his beautiful observation to the medico-legal questions now under consideration. Guided by both, in the main, and by such facts as have fallen under our own observation, we will endeavor to establish a connection.

Death, in strangulation as well as in hanging, results from stoppage of the respiration. The *differences* observed, therefore, cannot be due to the fact of stoppage of the respiration. Again, in both there is a mechanical, constricting cause, sometimes like a cord, and only differing in the direction in which the constricting force is applied. The want of similarity of the post-mortem appearances, and the differences observed, must hence be due to something beside the constricting cause; and nothing remains to explain them but the *manner* and *mode* in which the constricting cause is made to operate, the *force* with which it is applied, the *rapidity* and *completeness* of its action, and the *continuous* or *intermittent* character of the constriction.

In *suicidal hanging*, it is to be observed, in the first place, the will of the victim co-operates with the mechanical constriction, in excluding the entrance of air into the air-passages. There is no violent struggle to draw a full breath, and the suicide counteracts, as far as possible, the involuntary reflex respiratory movements. Under these circumstances a full expansion of the chest, even if the constricting force be not very great and only the weight of part of the body act upon it, is impossible. The air which enters by involuntary respiratory movements, during the death-struggle, only enters into the bronchial tubes, and not into the air-cells, distending them.

In *homicidal strangulation*, on the contrary, the efforts of the victim are all in the opposite direction. There is a tremendous struggle for air, and, in the great majority of instances, he succeeds, while the combat lasts, in obtaining spasmodically, at longer or shorter intervals, full supplies of air, expanding the lungs with *tumultuous force*.

Here, then, we have an essential difference. But, beside this, there are anatomical differences which lead to the same end.

In hanging, the muscles of the neck, of the larynx and trachea, are put violently and *continuously* on the stretch with a power corresponding to the whole weight of the body. Let any one simulate this condition of things by stretching aud stiffening his neck and throwing it backward as much as possible, and *while in this position* attempt to draw a full breath. It will be utterly impossible, under these circumstances, to expand the lungs to their full extent; but, beside this *continuous* cause of interference with full inspiratory efforts, there is the *continuous* constriction of the trachea itself, diminishing its calibre; and thus any spasmodic, forcible, tumultuous inflation of the lungs, as in strangulation, is rendered absolutely impossible.

Hence this radical difference between death by hanging and death by strangulation: In the one case, *continuous constriction*, sameness of constricting force, and *absolute incapacity*, even by involuntary respiratory efforts, to distend the lungs; in the other case, uninterrupted constriction, intermittence in the intensity of the force, tumultuous and forcible spasmodic expansion of the lungs extending to the air vesicles.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Reported by N. G. Blalock, of N. C.

Service of Dr. D. Hayes Agnew.

SECONDARY SYPHILIS.

Dr. Agnew remarked that on a former occasion he had taken the opportunity to explain and illustrate by numerous cases what was understood by *primary* syphilis; that it consisted in a specific ulcer, essentially local in the first instance, and while so, perfectly under the control of local agents, but with the tendency, if left to itself, or attacked by inefficient remedies to invade the general system and produce a *diathesis*, which, once acquired, will cleave to its victim like the shirt of Nessus. It is to the phenomena resulting from the development of

this diathesis that he would desire to ask attention during the present hour.

Should the chain of morbid sequences not be broken by the interposition of mercury, the accidents which may follow an indurated chancre will be such as involve the cutaneous and mucous tissues of the body, and are ordinarily distinguished by the generic term of *secondaries*.

The infecting element, or constituent of the chancrous pus, may gain access to the constitution either through the veins or lymphatics. The period at which this may take place will differ much in different individuals. It will, under no circumstances, occur earlier than the second or *third* week; or it may be prolonged beyond six months. Perhaps eight weeks may be stated as the average period in which secondary occurrences will become manifest. If an individual has passed fifteen or eighteen months without any evidence of constitutional disorder he may allow his mind to rest at peace.

Symptoms.—Secondary syphilis is usually foreshadowed by a train of well-marked symptoms, such as languor, both of body and mind, attended with great indisposition to exertion. The secretions of the skin become perverted, as manifested by change of complexion. The eye looses its lustre, and the hair becomes stiff, frizzly, and rebellious to all the appliances of the toilet. Unpleasant sensations in the head come on, sometimes a hemicranical, sometimes a supraorbital pain, especially aggravated after retiring to bed; hence called nocturnal pains, and associated with the recumbent posture of the body. The appetite fails; the system becomes, perhaps, feverish; the glands about the mastoid portion of the temporal bone enlarge; the red corpuscles of the blood diminish; the patient becomes anæmic; palpitation of the heart ensues; giddiness of the head, and perhaps œdema.

The interpretation of such a train of symptoms cannot be very difficult. The system is endeavoring to eliminate the poison from the blood by the two great emunctories, the skin and mucous membranes. In some of its aspects the whole process resembles the precursory phenomena of small pox or rubeola. Sometimes the affection of the mucous structures takes the precedence; sometimes the skin. If the former, it will be most likely the fauces and post-palatine region of the throat indicated by some irritation, hoarseness, and uneasiness in swallowing. The nature of the eruptions in their anatomical character is such, that they may all be placed under the ordinary classification of cutaneous disease from other causes. Thus the type of the external manifestation may be erythematous, papular, vesicular, pustular, squamous, or tubercular. That there is some practical value in the distinction admits of no doubt. It is believed that the pustular class exists for the most part in bad constitutions, and renders the patient less able to tolerate such remedies as exert a marked antiplastic influence upon the blood. Cases were now introduced to the class illustrative of the different varieties of *syphilides*. In determining whether such originate from a venereal source, careful inquiry will generally satisfy the practitioner's mind. In making up a judgment, however, where the information may be obscure, the characteristic copper color, and the absence of itchiness in the eruption, especially the latter, ought to exert much weight in deciding in favor of syphilitic contamination.

Next in frequency to these accidents, already explained, come inflammation of the *iris*, disorder of the nails, such as *onychia*, and falling of the hair. A case of each was introduced. The doctor remarked that the disease of the iris was indicated by change of color, loss of the natural striæ, intolerance of light, contraction of the pupil, (without, however, any particular shape of the latter peculiar to this disease, as has been alleged by some German ophthalmic surgeons;) pain over the brow, and finally, if unchecked, closure of the pupil by plastic exudation. The progress of iritis is less rapid, and the pain less severe from syphilis, than other causes.

Treatment.—This divides itself into that appropriate to the developing, and the established stages.

That appropriate to the first, or period of development, will be such as will aid the system in the external establishment of the disease. To this end the patient should be enjoined perfect quietude of both body and mind; his bowels gently opened, the cutaneous determinations favored by diaphoretics, such as the neutral mixture; rest by Dover's powder, and an unirritating diet. Should he be feeble, with a lack of that vital force necessary for elimination, wine whey, with carbonate of ammonia, may be given. After the disease has established itself on the skin or mucous membranes, we may look to the general health of the patient, and if not tolerably good, set about its improvement by exhibiting the mineral acids. The nitro-muriatic acid, especially, will be found to produce good effects. Whenever the recuperative energies of the body are so far established as to admit of the use of remedies, having for their object more directly the removal of the secondary results of contamination, we have at command two or three remedies capable of exercising a very marked control over the disease. The first is mercury, which, in scaly eruptions, and if the patient possesses good general health, may be exhibited with great confidence; never to the extent of salivation, but only with a view to its mildest constitutional influence. Let it be given in small doses, not exceeding ½ gr. of the proto-chloride, or two grs. of the mass. hydrarg. two or three times daily, until some little tenderness of the gums is experienced. Should it tend to act upon the bowels it must be restrained by the addition of a little opium. Should the constitution be much impaired, and

the eruptions be of a pustular character, we will find a better remedy in the iodide of potassium, either with or without mercury. If alone, the dose should be from 5 to 25 grs. two or three times daily, pretty largely diluted either with water, or, what is better, a good syrup. Should the mercury be added, let it be the bichloride, and in doses not exceeding 1-16—1-12 of a grain. Throughout the whole treatment it will be found advantageous to administer chalybeates in some form or other.

Local Management.—If the throat becomes inflamed, apply a solution of the argent. nitras, 10 to 20 grs. to the ounce of water. Should it ulcerate, use, by means of a camel's hair brush, dilute nitric acid. To the squamous eruptions, alkaline ointments or washes, to get rid of the scales, and then alterative ointments, such as contain sulphur and iodine, or calomel and acetate of lead—though all such must be regarded as subordinate to general treatment. To such eruptions as are followed by ulcerations, over which collect thick crusts, applications of cod liver oil or nitric acid will be attended with good effects.

Syphilitic Iritis.—Mercury, either with or without the iodide of potassium, in such cases exercises the best control. At the same time the brow may be frequently bathed to relieve pain, tinct. of iodine painted over the lids, and Dover's powder, to procure rest.

WILLS HOSPITAL.

Service of Dr. Hewson.

Reported by H. Earnest Goodman, M. D., Resident Physician.

A SUMMARY OF CASES OF DISEASED EYELIDS TREATED DURING OCTOBER AND NOVEMBER, AND AN IMPROVED METHOD OF OPERATING FOR ENTROPIUM.

Whole No. cases treated for diseased lids,	93
Granular lids, - - - - - -	26
" " and vascular cornea, -	12
" " and opacity of cornea, -	6
Tarsal ophthalmia, - - - -	21
Trichiasis, - - - - -	8
Entropion, - - - - -	4
Hordiolum, - - - - -	3
Wounds of lids, - - - - -	4
Ptosis, - - - - - -	1
Cystic tumor of eyelid, - - -	2
No. of cases of opacities of cornea resulting from granular lids, - - -	12
" " vascular " "	10
" " entropion " "	5

GRANULAR LIDS.

The disease termed granular lids, granular conjunctiva, or hypertrophy of the conjunctival villi, is one of the most common and decidedly the most trying affection of the eye that the surgeon is called upon to treat. I find by looking over the register that almost a third of all the cases treated in Wills Hospital have been granular lids or their results. During the last two months there were about 300 applications for relief, and by consulting the above table, 93 of those will be found to have been cases with diseased eyelids.

ENTROPION.

Entropion (or turning in of the edge of the eyelids) and trichiasis, (the inversion of the eyelashes,) the result of granular lids are of a very serious character; they occasion great distress to the patient, and often result in total blindness by their irritation to the eyeball. These affections have heretofore been difficult to remedy, at least without serious disfigurement of the patient. When they result from by-gone granular lids, (for they can be produced by other causes,) it is in consequence of an alteration and shrinking of the palpebral conjunctiva, and in such cases on inspection of the inner surface of the lid, a scar or a line of what appears to be cicatricial tissue will be found extending more or less across this surface near its ciliary margin, and on still closer examination there will be found a fixed incurvation of the cartilage.

Now, it is owing to these circumstances that Saunders' operation of total ablation of the edge of the lid with all the ciliæ, and the still more popular operation of the removal of an oval piece of the integument and orbicularis muscle so generally fail of success. They do not remove the cause of the inversion, which is the contraction of the conjunctiva and curling of the cartilage. To effectually remedy these, Mr. Streatfeild, of the Royal Ophthalmic Hospital, Moorsfield, London, has resorted to the removal of a wedge or V shaped piece along the edge of the lids, so as to form a deep grove in the fibro-cartilage over where it is curved;—which, on cicatrizing, will effectually rectify the position of the edge of the lid. The following cases in which this operation has been performed by Dr. H. explain its details and results.

ENTROPION OF BOTH UPPER AND OF THE RIGHT LOWER EYELID.

Case 1.—Mary O'D. had sore eyes three and a half years ago, which left her with granular lids, vascular cornea, and slight trichiasis, for which she was treated by myself in the Blockley Hospital, 18 months ago.

When admitted in Wills, Oct. 30th, she had entropion of both upper and of the right lower lid, to such an extent as to render her helpless, as far as obtaining a livelihood was concerned.

Her cornea were vascular, there was an opacity in the right just over the sight, and in the left towards the outer edge; the lids were very much thickened, and upon everting them, a cicatrix was seen extending along the conjunctiva of both, near the ciliary margin.

Nov. 7th. After the patient was fully etherized, Dr. Hewson performed on the upper lid this operation of Mr. Streatfeild. It consisted in first applying Desmarres' forceps to steady the lid and prevent hemorrhage during the operation, and then making, with a small scalpel, two parallel incisions almost from one canthus to the other along the tarsal border of eyelid—the first about a line from the cilia, and the two a line apart from each other, joining, however, at their terminations. The tissue between these parallel incisions was then removed, and the tarsal cartilages fully exposed. The next step of the operation was to groove this cartilage; and this was accomplished by making two incisions along the outer surface of the cartilage where the convexity was greatest, and dissecting therefrom a wedge-shaped piece of its substance. No stitches were applied; the wound was allowed to close and heal by granulation.

The same operation was performed on the other lid, but not to the extent across the lid, as the entropion did not seem so general.

Nov. 8th. Instead of union by granulation, as was wished, union by first intention has already taken place. Dr. Hewson broke up this union by passing a probe through the tender cicatrix.

Nov. 11th. Union has taken place, the operation on the right lid has been quite successful, the edge of the eyelid being well everted; that, however, on the left, has not done so well on account of the incisions not having been carried far enough to the outer canthus. There is still some inversion at this point.

This was remedied by another operation, (Nov. 28th,) and at the same time one was performed on the right lower lid. Since the above operations, the opacity and vascularity of corneæ are wearing away, and the patient was discharged entirely relieved, Dec. 15th, 1860.

Case 2.—Mary M. has had entropion, very badly, of the left upper lid for several months, following an attack of catarrhal ophthalmia. Dr. Hewson operated by the same method, Nov. 14th, but found it necessary in consequence of the great extent of the disease to repeat the operation Nov. 28th, with the effect of producing finally a perfect cure.

Case 3.—Mrs. J. had entropion of right lower lid for almost a year, following sore eyes. (Lids still granular.) Dr. Hewson performed Streatfeild's operation on her Nov. 8th. Nov. 10th, she returned to the clinic with wound entirely healed, lid everted, and in every respect a good cure.

UNIVERSITY OF PENNSYLVANIA.

SURGICAL DEPARTMENT.

Service of Prof. Henry H. Smith.

Reported by J. J. Woodward, M. D.

SEVEN CASES OF TELANGIECTASIS, OR VASCULAR TUMORS.

It is not the intention of the reporter to furnish full accounts of the surgical clinics of the University of Pennsylvania. Occurring biweekly, and presenting on each occasion a large number of cases and operations, such reports would exceed the limits to which the other objects of the journal must necessarily restrict them. It is, therefore, only proposed to give the details of such illustrations of diseased action as may, from any reason, appear of general interest, with so much of the clinical remarks of Prof. Smith as may serve to illustrate points of pathology or of treatment. For obvious reasons, these cases will not be arranged chronologically, but, from time to time, those of a similar character will be grouped together.

The first subject from these clinics, to which allusion will be made, is that of *vascular tumors* or *nævi*, several examples of which have been presented during the past six weeks. From the remarks made by Prof. Smith, in connection with these cases, the following account of the pathology and treatment of this disorder is condensed.

The vascular tumors thus alluded to are mainly due to a dilation of the capillary blood-vessels of the part affected, and have been variously named, as *nævi*, *telangiectasis*, *aneurism by anastomosis*, *vascular tumors*, *erectile tumors*, etc. They are most frequently seen in connection with the skin or subjacent areolar tissue; but they are also occasionally met with in connection with the mucous membranes, especially of the alimentary canal, and more rarely in the parenchyma of various organs. Studying them surgically, we are chiefly concerned in their development upon the surface of the body. These growths may here be limited to the skin, or may involve the deeper-seated tissues, and especially the subcutaneous connective tissue.

When limited to the skin, they constitute the various spots or blotches described popularly as *strawberry* or *raspberry marks*, *mother's mark*, etc., to which the term nævus or nævus maternus more properly belongs. Nævus presents itself in smooth or slightly-roughened patches, which are not at all or only slightly elevated, of variable shape and size, and pinkish, reddish, cherry red, or purplish in color. Occasionally this morbid texture is the seat of an abundant pigment deposit, and then constitutes one of the forms of "*pigmentary moles*," presenting a yellowish or reddish brown, or brown color, and being often the seat of a luxuriant growth of

hair, as seen in the case of a little girl presented at the University during the session of 1859–'60, the whole upper half of whose left cheek was the seat of such a formation.

When the disease attacks the subcutaneous tissue, it generally presents itself in the form of *tumors* of variable shape and size, of a roundish form, and smooth or lobular surface, occasionally pulsating, when, according to John Bell, they are chiefly formed of a dilatation of the small arteries, and are then called by him "aneurism by anastomosis." The skin covering the tumor is generally involved, and presents all the characteristics observable in the disease when limited to that texture, but occasionally the skin is healthy and presents its usual appearance.

When the child cries, strains, or makes violent exertion, these tumors swell up and become livid; at other times they undergo considerable diminution in size, and have hence been called erectile tumors by Dupuytren, though they present no real analogy to the proper erectile tissues. These growths are generally congenital, or at least make their appearance soon after birth, and occasionally remain stationary in size during life, though frequently they enlarge with considerable rapidity, and thus ultimately prove dangerous to life by rupturing and giving rise to serious hemorrhage or create marked deformity.

Treatment.—Where a true nævus is confined to the skin—where the discolored marks are small, not extremely unsightly and not increasing in size—little or no treatment is desirable, or they may be painted over with collodion, the contraction of which tends to obliterate the vessels. On the other hand, when the extent and situation of the disease, as where it involves the whole side of the face are such as to preclude the possibility of success, the ligature of a main artery (as the case cited) has been resorted to without, however, much benefit. But, in ordinary cases, where the growth progresses, and especially where the subcutaneous tissue is involved, other plans of treatment may be resorted to. Of these Prof. Smith prefers *extirpation* of the *growths* by the knife. The *ligature* needles and other means of strangulation have been preferred by some; but all these are slow, painful, create an offensive sloughing mass, and are apt not to remove the whole growth.

Caustics have also been employed; but, beside being painful, they give rise to troublesome inflammation and sometimes to hemorrhage, especially where, from any cause, the superficial parts of the growth only are destroyed, the separation of the slough exposing the enlarged vessels of the substance of the tumor. *Vaccination* has also been recommended, especially where the formation is of moderate size, but it is uncertain and apt to fail. The danger of hemorrhage has been urged as the chief objection to extirpation of these tumors by the knife; but even where the growth is of considerable size—say that of a hen's egg—there is no real danger, if the incisions are kept *outside* of the boundary of the morbid growth, as these structures are usually supplied only by ONE or, at most, two or three trunks, and these, if necessary, may be ligated when divided, as is daily done by surgeons in the removal of other tumors. The main recommendation of extirpation is the promptness of the cure and the small cicatrix.

Case 1.—M. L——, a young, unmarried woman, 22 years of age, of good general health, presented a purple, vascular tumor, about the size of a cherry, on the left side of the lower lip. It had been growing *two* years, and had once been removed by transfixing it with pins and strangulation, but had subsequently recurred.

This tumor was removed by Prof. Smith, October 20, 1860, by a V shaped incision, the edges being subsequently brought together by two hare-lip pins.

The pins were removed October 27th, when good union was found to have taken place.

Case 2.—A——, a healthy young man, about 25 years of age, presented an erectile tumor, conical in shape and bluish, purple in color, on the forearm, just below the bend of the elbow, about the size of a marble, which had been growing for over a year. Its cause was unknown.

Prof. Smith removed this growth, October 24, 1860, by two elliptical incisions, bringing the edges together by the stitches of the lead suture. These were removed on the third day, and the wound healed readily.

Case 3.—Mrs. D——, a German woman, 36 years of age, of delicate frame, but not sickly, presented a purple, erectile tumor on the margin of the lower lip. It had been growing about three years, and had attained the size of a hazelnut.

It was removed November 7, 1860, by Prof. Smith, by a V shaped incision, which was brought together by two hare-lip pins and one stitch of the silver suture. These were removed on the third day, and the patient was promptly cured.

In each of the above cases, it will be perceived the disease originated after adult age was attained; generally, however, these growths are congenital, or originate soon after birth, as is illustrated by the following cases:—

Case 4.—M—— C——, a female infant, about a year old, had a small, vascular tumor on the medium line of the head, just in advance of the anterior fontanelle. It was about the size of a chestnut, and lately had been rapidly enlarging. It had been first noticed when the child

was three weeks old. When the child strained or cried, it swelled up to nearly double its usual size, and was apparently a true aneurism by anastomosis. This growth was extirpated by Prof. Smith, by two elliptical incisions, October 27, 1860. The edges were approximated by a simple stitch of the silver suture. He stated that he had not found metallic sutures in the scalp to be objectionable or irritating like those of silk. Three days after this was removed, the wound was found nearly healed; the child made a complete recovery.

Case 5.—M—— E——, a female infant, three months old, presented a small, vascular tumor on the left side of the forehead, about an inch and a half from the eyebrow. It was irregularly oblong in shape, about three-quarters of an inch long by a half broad, of a cherry-red color, and was seated chiefly in the substance of the skin, though it involved the subcutaneous tissues to some extent. It had been noticed immediately after birth, when it was of the size and appearance of a flea-bite.

Prof. Smith removed this growth, by two elliptical incisions, October 27, 1860. The wound was closed with a stitch of the silver suture, which was removed the third day, and the child recovered completely without accident.

Case 6.—M—— B——, a girl, five years of age, had a vascular tumor on the right side of the upper lip, of the size of an *English walnut.* It involved the mucous membrane and submucous tissue from the free margin of the lip to its attachment to the superior maxillary bone; the skin covering it, however, was healthy. It was first noticed immediately after birth, and had been quite small until a few months before the child was brought to the University, when it began to enlarge, and was still increasing in size at the time of the operation. The mucous membrane covering the tumor was of a bluish-purple color, and the growth swelled up and became livid during efforts of any kind.

The tumor was removed by Prof. Smith, November 10, 1860, by a V shaped incision through the whole thickness of the lip after dissecting the latter from the gum. The edges of the wound were approximated by two hare-lip pins and a stitch of the silver suture; these being removed on the third day and the child cured in seven days from the time of the operation.

Case 7.—An infant, six months old, had a vascular growth at the root of the nose. It was of a bright-red color, limited to the skin, and rapidly enlarging. It was first noticed immediately after birth as a spot not larger than a flea-bite; it had become already more than half an inch in diameter. It was also extirpated by Prof. Smith in the usual way, November 28, 1860, and at the date of writing the wound has nearly healed.

To the above remarks and cases, the Reporter would append an account of the microscopal anatomy of these growths. They were composed as a rule, altogether of blood-vessels, between which (and holding them together) was a moderate quantity of connecting tissue, the corpuscles of which were often enlarged to spindle-shaped cells of some size, while the matrix was but dimly fibrillated, so that the whole resembled closely the immature connective tissue of the embryo. The blood-vessels were not merely included capillaries, but innumerable minute arteries and veins, recognizable by the anatomy of their coats, which can be distinctly seen in sections and specimens, prepared by tearing with needles, especially after the addition of acetic acid. These vessels usually presented no peculiarities by which they could be distinguished from normal vessels. How far they represent the dilatation of pre-existent vessels, or how far a portion of them may be due to new formation, is not definitively settled.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Gross.

ONYCHIA MALIGNA.

Mary A., five years of age, was admitted to the clinic on account of an affection of the end of the third finger of the left hand. The patient is delicate looking, and bears decided marks of the strumous diathesis. The extremity of the affected member is inflamed, of a livid red color, tender, and greatly increased in size. From the swelled condition of its end, the finger has a peculiar bulbous or clubbed appearance, and seems to be preter-naturally long. Nail of the fingers entirely destroyed; the denuded matrix presents an ulcerating, red, and uneven surface, from which an offensive, ichorous matter is discharged; the skin around the ulcer is discolored and indurated. The patient does not seem to suffer much from pain, and enjoys perfect rest at night.

This case presents a form of onyxitis, or inflammation of the matrix of the nail, known by the name of *onychia maligna.* The disease which was, for the first time, accurately described by Wardrop, commences at the root or side of the nail, with a small circumscribed swelling of an inflammatory character, which, by-and-by, becomes the seat of ulceration; an irritating icharous fluid is discharged from between the root of the nail and the skin; the nail becomes soft, yellowish, or black and dry, is gradually detached by ulcerative action, and finally drops off; the surrounding parts become

more or less seriously involved, and, if the disease is not arrested in time, it may ultimately destroy the bone, and even render amputation of the affected member necessary. The disease is slow in its course and very obstinate, persisting often, in spite of careful treatment, for several months. It is not really malignant, as might be implied from its name, but merely intractable. It is generally associated with a strumous condition of the system. In the majority of cases it comes on spontaneously, but is occasionally caused by external injury, such as a puncture or a bruise. It has no disposition to attack two fingers at once, or to spread from one finger to another. The parts most liable to the disease are the thumb, the index finger, and the great toe.

In treating this disease, our attention must be first directed to the general health, and the secretions, which are, in most cases, materially deranged. In the present case, the patient having been under treatment for some time, the bowels were regulated by mild purgatives, and a proper diet was enjoined. The tongue of the patient is clean and her appetite is good. For the cure of the disease, Wardrop recommends the administration of mercurials; slight mercurialization should be produced and persisted in. The use of tonics greatly expedites the cure; and if the patient suffers pain, an opiate may be given at bed-time. Of all the different mercurial preparations, Professor Gross prefers, in cases of this kind, the corrosive sublimate. In the present case he prescribed,

Corrosive sublimate, gr. 1-30.
Huxham's tincture of bark, ʒi.

And on account of its anti-strumous properties, he added

Solution of chloride of barium, gtt. j.

to be taken three times a day.

The local treatment consists in keeping the part clean by frequent ablution with warm water and soap, and in covering it with scraped lint, wet with a weak solution of permanganate of potassa, or Labarraque's solution, to correct the fetor. If the parts are much inflamed, an emollient poultice will be the best application. Great advantage may occasionally be derived from fomentations with lime-water, containing a small quantity of corrosive sublimate and opium, or from cauterizing the parts with nitrate acid, nitric of silver, etc. Sometimes the application of leeches, or of diluted tincture of iodine may be of service. The affected nail should be carefully pared away; and, if it is mortified, should be pulled or dissected out, the patient having been put under the influence of chloroform. If the sore assumes a healthy appearance, granulations should be favored by the application of opiate cerate. Amputation of the finger is justified only by every extensive destruction of the phalangeal bones, and should never be performed merely on account of the obstinacy of the disease, as it commonly will yield to proper treatment, if patiently persisted in. If the last phalanx is affected, the loose bone should be carefully pricked away. The patient may get well with a deformed, but still a useful member. Should, however, the deformity, left by the disease, be so great as to interfere with the comfort of the patient, the removal of the part may become necessary.

ENORMOUS ENLARGEMENT OF THE LYMPHATIC GLANDS OF THE THORAX AND AXILLA—EXTIRPATION.

Jane G., 27 years of age, a widow, presented herself at the clinic, on account of a large tumor on the left side of the thorax. The patient's general health seems to be but little disturbed. The swelling has existed for eight months, and is occasionally the seat of sharp pain. It occupies the thoracic region, extending along and underneath the lower border of the pectoral muscle into the axilla. It is somewhat tender to the touch, feels nodulated, and consists evidently of enlarged lymphatic glands. The skin covering the tumor is natural. The disease does not involve the mammary gland. The tumor may be of carcinomatous, or of strumous character, although scrofulous enlargement of the lymphatic glands in this portion of the body is of rare occurrence. The swelling having existed for so long a time, and having acquired so large a size, the use of sorbefacients, and the administration of antiscrofulous remedies would be of no avail. The only remedy is extirpation.

The patient having been put under the influence of chloroform, an incision was made through the skin and superficial fascia, extending from below the axilla, along the lower border of the pectoral muscle, downward, and slightly inward to a point on a level with the nipple. As the diseased structure was partly constituted by the axillary glands, and was, therefore, in contact with large vessels and nerves, the use of the knife had to be dispensed with, as being dangerous, and the tumor was dissected out by the aid of the fingers alone. A large number of glands were thus removed, some of which were enormously enlarged, having attained the size of a pullet's egg. On examination they were found to be infiltrated with tubercular matter, which, in some of them had commenced to break down, and to form abscesses, resembling in their nature those found in the lung in pulmonary phthisis.

The wound resulting from the operation was of considerable depth, a large cavity having been formed by the removal of the affected glands. The axillary artery and veins were exposed by the dissection, and a large part of the lower border of the pectoral muscle was laid

bare. The hæmorrhage resulting from the operation was inconsiderable, only, a small branch of the axillary artery requiring ligation. The wound was united by silver wire sutures, and a proper dressing and bandage applied to keep the parts in apposition.

REMARKS ON THE ADMINISTRATION OF CHLOROFORM.

Whilst the patient was prepared for the operation, Professor Gross took the opportunity of making some remarks on the inhalation of chloroform. In spite of the comparatively great number of accidents on record, which have been ascribed to the use of chloroform, he does not consider it a dangerous agent, provided it is used with proper caution. In the great majority of fatal cases, death is not owing so much to the dangerons influence of chloroform, as to the circumstances attending its application. The use of the anæsthetic was either contra-indicated by disease of the lungs, heart, brain, etc., or an impure article was used, or, if pure, it was improperly applied. Professor Gross has used chloroform for more than ten years without ever having seen any serious accident resulting from it. He prefers it to ether, as the anæsthetic influence is more rapidly produced, and more easily maintained by it, as it causes less bronchial irritation, and is less liable to produce vomiting or other unpleasant effects. In order to use chloroform with impunity it is indispensable to observe the following rules: 1. The patient's stomach should be empty. 2. The patient should be kept in the recumbent posture. 3. There should be no constriction of the chest and abdomen from clothes. 4. An abundance of fresh air should be allowed to admix with the chloroform. 5. The inhalatiou should be effected gradually. And, 6. Care should be taken that the article used is perfectly pure.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

THREE CASES OF PUERPERAL FEVER TREATED WITH VERATRUM VIRIDE AND OPIUM—RECOVERY—REMARKS.

Dr. Barker showed to his class, at Bellevue Hospital, three convalescing cases of puerperal fever, all treated principally by veratrum viride and Magendie's solution of opium.

In each, the lochial discharge and function of lactation had continued in the normal condition, and intelligence was perfect. Writers, he remarked, had stated that a characteristic feature of severe cases of this disease was an arrest of these functions. Neither their continuance nor cessation, taken alone, ought, he said, to modify our prognosis. In conjunction with other symptoms, however, they might give us some information. His experience went to show that, in the most fatal cases, these functions remained undisturbed.

In one of these three cases, there being present much congestion, a red and injected condition of the conjunctivæ, and considerable cerebral disturbance, a full cathartic of calomel was administered, as an initiatory measure, followed by castor oil. The object of this measure was two-fold: relief from the determination of blood to the head, and elimination, to a certain extent, of poisonous matter from the blood. It was rare, he said, for us to see a case early enough to authorize us in attempting elimination through the various emunctories. Rare, very rare, were the cases in which we were authorized in attempting to achieve this by means of blood-letting. The cathartic in this case had acted very favorably; the case was now under the same treatment as the other two, and progressing equally well, notwithstanding the prognosis had been at first more unfavorable.

There was a direct and intimate connection between this disease and true erysipelas. The materies morbi of the latter would undoubtedly give rise to the former. There was some truth in the saying of Trousseau, that puerperal fever sometimes attacked new-born children. He instanced a case on which the disease was communicated to the mother, through the physician, by the contagion of erysipelas; mother and child both perished; the child presenting the same pathological lesions as the mother.

There had been a great deal of discussion as to the essential nature of this disease. In one epidemic it would be thought to consist in special inflammation of the organs directly connected with parturition. In another, essentially in lesions of the broad ligaments, veins, and absorbents. Again, during one in which all these lesions were absent entirely, it would be thought simply peritonitis.

None of these doctrines were correct. It was a specific disease of the blood, sui generis, eminently communicable from one person to another, of which latter fact there was evidence as conclusive in medical science as of the communicability of variola.

One of the most influential and brilliant obstetricians in the country, Dr. Meigs, of Philadelphia, had published a work on "Child-bed Fever," which had done a great deal of harm. Dr. Meigs believed the disease to be always and essentially inflammatory; that it was not contagious, not communicable from physician or nurse to the patient, and that the true treatment was that calculated for the subdual of inflammations generally.

This was a doctrine fundamentally false. It was a zymotic disease, having special manifestations, but constitutional in its origin; just as

diphtheria was a constitutional disease, with an election as to its local manifestations.

In what consisted the toxæmic condition, we did not know. The point to which medical science had reached, was not far enough advanced to enable us to discover. Neither the microscope nor analytical chemistry could tell us, any more than they could, in what consisted the difference between benign, laudable pus, and that of the variolous eruption. We could only judge of the poison by its effects.

The disease was produced by the contagion of erysipelas, by the products of putrescent decomposition, and in some cases by the unknown and unappreciable (except by its effects) entity, which we call epidemic influence.

It was of the utmost importance that the matter of its contagiousness should be fully understood by medical men, that they might appreciate the fearful responsibility resting upon them. Moreover, it was sometimes the ruin of a physician to be thrown into an epidemic of puerperal fever, especially if not thoroughly acquainted with its nature in reference to this point.

Puerperal fever, though always presenting sufficiently characteristic features, varied in many of its manifestations in the same epidemic in different localities, and in different epidemics in the same locality. It sometimes overwhelmed the vital forces so completely and rapidly as to produce death within a few hours after its onset. All the autopsical lesions described, of the veins, absorbents, peritoneum, uterus, broad ligaments, etc., were the results of the disease—not the disease itself. In one epidemic we found one set of lesions; in another, a different set. We frequently found lesions of organs not at all connected with the processes of gestation or parturition. During one epidemic in Paris, all the cases presented lesions of the peritoneum. In another, the parts chiefly affected were the serous membranes of the chest—pleura and pericardium. In one epidemic in our own country, either the serous membranes of the chest, or the mucous membranes of the abdomen, were chiefly affected.

Ordinary peritonitis was generally connected with intense pain, tympanitis, and constipation. In puerperal peritonitis, tympanitis was often present, but there was usually no pain.

In true peritonitis we found arterial injection on the surface of the diseased membrane, followed by exudation of true, coagulable lymph, forming bands of adhesion, etc. In puerperal peritonitis the injection was venous, instead of arterial; instead of presenting a bright scarlet color, the membrane was of a livid hue, and in place of healthy, circumscribing lymph, we found sero-purulent or sanguineo-purulent flaky masses, creamy, offensive, and broken down, with no attempt at limitation of the inflammatory process.

The more severe the attack, and short the course of the disease, the fewer were the pathological appearances found. This certainly would not be the case were the disease essentially an inflammation. In that case, the more violent the attack, and short the course, the greater would be the lesions. This he considered one great argument against the doctrine of the essentially inflammatory nature of the disease.

As to the treatment, if we accepted the doctrine of Meigs and his disciples, we must adopt his method—viz: practice venesection to a great extent, and pursue antiphlogistic measures throughout. We would find, however, that a large proportion of our cases would not tolerate any depression of the vital forces.

The first indication was, in pursuance of the proper plan, to eliminate as far as possible the materies morbi which had given rise to the toxæmic condition. It acted so rapidly, however, and at first so insidiously, that we seldom had an opportunity to attempt this in the ordinary way. In the vast majority of cases, when we were called in, the time proper for such an attempt had passed by—the vital powers had become too greatly depressed. He had seen in some cases venesection employed with benefit. In these cases, a certain quantity of blood had been abstracted, not with a view to depress the vital powers, but to eliminate the poison in a corresponding ratio. The cases in which venesection was admissible were rare. He had not given a cathartic even, in the hospital, in more than two or three cases. In one of the cases he had just exhibited, with flushed face, sharp, hard pulse, etc., he had given one, with the effect of diminishing the irritation and shock to the system, and partially eliminating the materies morbi.

A characteristic feature of the disease was extreme rapidity of the pulse. The pulse, in this disease, was a most important index as to treatment, prognosis, effect which had been produced upon the constitution, etc. The exhaustion of vital force and calorificient material was going on very rapidly, as evinced by the frequent pulse and quickened respiration. The article which controlled arterial action better than any other, and with less shock and irritation, was verat. viride. Next came aconite, digitalis, and tartar emetic. The latter, however, was seldom admissible. Verat. viride had this advantage also over the others—that it was not incompatible with, nor antagonistic to, stimulation. We were often obliged to push the verat. viride as far as possible, and at the same time to stimulate very freely. If we were to pursue the same method with aconite or digitalis, we would often produce a great deal of distress. We must be very careful not to consider the patient out of danger too soon. The patient was not safe until the pulse had been brought down, and kept under 80 for some days by the article. After some experience in its use, we could recognize the pulse controlled by it, immediately upon placing the fingers on the

wrist. There was never any sharp, hard, bounding sensation communicated by it.

Another precious and almost indispensable remedy was opium. He was in the habit of giving it in the form of Magendie's solution. It was curious how great a quantity of this drug was tolerated in puerperal fever. It was exhibited with incalculable benefit, in quantities sufficient to overwhelm the cerebro-spinal system in a normal condition of things. The credit of the introduction of opium into use, in these cases, was due to Dr. Clark.

Another very important element in the treatment, already alluded to incidentally, was stimulation—free stimulation—especially by alcohol, to prevent, as far as possible, too great waste of tissue. This was particularly important in the latter stages of the disease. Nutritious and stimulating diet should likewise be employed.

To sum up:—

(1.) An attempt should be made, in the early stages, at elimination of the materies morbi, if the case were such as to admit of it; this condition rarely obtaining.

(2.) Veratrum viride should be employed to control vascular action.

(3.) Opium should be exhibited in quantities as large as could be borne.

(4.) The system should be supported by free stimulation, especially in the latter stages. This, though placed last in order, was probably, all things considered, the most important indication of all.

In case of an anticipated epidemic of the disease, Dr. Barker said he was in the habit of giving quinine as a prophylactic. C.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

[Reported by Wm. B. Atkinson, M. D., Recording Secretary.]

Wednesday Evening, Nov. 14.

Dr. Remington, President, in the Chair.

THE TENDENCIES OF THE PRESENT DAY IN REGARD TO THE DOCTRINE OF DEBILITY AND THE TREATMENT OF DISEASE BY STIMULANTS.

Dr. Condie remarked, that the gentleman who opened the debate on the present occasion, had presented for consideration two distinct propositions. The first of these was embraced in the question: Are bloodletting and the other depletory remedies necessary in the treatment of acute inflammations, and in fevers of an inflammatory type? or are stimulating and tonic remedies better adapted to shorten the duration of such diseases, and conduct them to a favorable termination? Dr. Condie was not disposed to endorse the pathological and therapeutical heresies recently promulgated by Todd and Bennet of England, and one or two distinguished physicians of Continental Europe. It is very certain, he remarked, that bloodletting, in common with almost every other active remedy, has been grievously abused, still he had learned from a somewhat extended clinical experience of over forty years, that depletion, especially by the lancet, leeches, or cups, constituted an important, in fact, the chief remedy, in the early stage of nearly every acute inflammatory disease and open febrile affection, when occurring, especially in young robust and plethoric subjects, or in those the tone of whose constitutions had not been impaired by bad living, confinement, impure air, or previous disease. Circumstances may even be present in diseases occurring in individuals of comparatively feeble habits, or of which the symptoms imply the presence rather of nervous irritability and exhaustion than a morbid condition of asthenic or of an inflammatory character, that render a resort to local bleeding by cups or leeches, or perhaps even from the arm proper, and in which it will often be found productive of prompt and very decided benefit.

Dr. Condie felt very certain that bloodletting had been far too much neglected of late years, much more in compliance, however, he suspected, with the popular prejudice which had been excited against it, than in consequence of any very decided change in the pathological opinions entertained by physicians in respect to inflammation and inflammatory fevers. This neglect of an important and most efficient remedy had, he believed, tended greatly to the disadvantage of the sick, prolonging the duration of their attacks of disease, and if not endangering the entailment of permanent injury on important organs, impairing, at least, for a long period, the vigor of their constitutions and their power of resisting the morbific influences to which they may be subsequently exposed.

Dr. Condie was noways opposed to bloodletting when indicated. Properly timed and judiciously managed, he ranked it among our safest and most efficient remedies. He had been accused by some of his contemporaries of an undue fondness for it. He had, on several occasions, horrified the feelings of some gentlemen by his advocacy of bloodletting, local or general, or both, in acute membranous croup, in certain forms of scarlatina, of rheumatism, and dysentery. He had been induced even to bleed and apply cups in cases of cholera, and he is persuaded with a decidedly good effect; to apply cups to the chest for the relief of the symptoms of pulmonary disease, so often met with in cases of typhoid fever, he had certainly had no cause to regret his practice in this respect; he felt very positive that by it he had succeeded in greatly relieving the sufferings of his patients, while, at the same time, he had shortened their diseases, and aided very materially in conducting them to a favorable conclusion.

Deprecating, as he did, the employment of positive stimulants and tonics in the early stage of inflammations and of all fevers of a sthenic character, he was not prepared, however, to admit that bloodletting and the other remedies embraced in what has been denominated the antiphlogistic plan of treatment, were to be considered as the only ones adapted to these diseases, throughout all their stages. Dr. C. believed that no inconsiderable amount of injury had been committed by physicians, acting under the supposition that so long as an inflammatory disease lasted, so long was the employment of depleting and other depressing remedies to be persisted in. By their following out strictly in the phlegmasiac generally, the treatment ordinarily prescribed by the late Dr. Physick, in cases of violent acute ophthalmia—to bleed, time after time, and confine the patient to dry toast and tea, and a dark chamber, until the inflammation of the eye was subdued.

In many diseases of a decidedly sthenic and inflammatory character, after direct depletion had been carried at the onset to a sufficient extent and the period had passed that would warrant its repetition, Dr. Condie believed that, opiates and certain remedies usually reputed stimulant or even tonic may often be resorted to with advantage. That, occasionally, their omission will be a means of prolonging the patient's sufferings or, possibly, of endangering his life. They will in numerous cases, at least, when judiciously employed, most certainly shorten the period of convalescence, and more speedily and fully confirm the health of the patient than had they been entirely omitted. Very considerable discretion is, of course, required in the selection of the proper cases, as well as the correct period for their employment, but scarcely more than for the correct solution of the question in respect to the proper extent and repetition of depletion in even the most acute case of inflammation. The true indications for the suspension of depletory remedies and for a resort to stimulants, etc., it was not the intention of Dr. Condie then to consider; all he desired to say was, that experience had taught him the propriety of employing in the course of inflammatory diseases, remedies which are generally supposed to fulfil indications the very reverse of those which the lancet and depletory remedies, generally, are adapted to meet.

The second proposition presented for our discussion is comprised in the question, Has the disuse into which blood letting and other depletory remedies has fallen of late years been occasioned by a change which the type or character of disease has undergone, or by a general deterioration in the human constitution?

Dr. Condie believed that facts very clearly indicated that nearly all diseases had assumed a more asthenic form than they presented some thirty or forty years ago. That such was the case is confirmed by the experience of the entire medical profession: not of a small class of practitioners; of those of some particular section or country, or of some special school. The fact is now admitted, even by some who, but a short time ago were among the most strenuous advocates for direct depletion in forms of disease in which their contemporaries doubted its propriety. Nor is it at all surprising that there should have taken place, within the last half century, such a change in the constitution of man, in nearly every portion of the civilized world, as to cause a very decided modification in the type and character of his ordinary diseases. During the period alluded to, extensive forests have been felled; water courses have been reduced in size or entirely drained; vast extents of marsh have been reclaimed; the surface of the earth, to a far greater extent than it had previously, has been brought under cultivation; the production of all the necessaries of life has been augmented and at a diminished cost, bringing them thus within the reach of classes by whom formerly they were unattainable; machinery is taking the place of manual labor to a very great extent, at the same time; the masses have been subjected to entirely new influences, domestic, social, educational, and political: minds, which in former times were allowed to remain dormant, have been called into activity, and engaged upon subjects beyond all others the most exciting and engrossing. In short, almost every thing, physical, moral, and intellectual, with which the human being is surrounded, and by which his vital organism is capable of being influenced for good or for evil has undergone a most important change. The character and forms of his diseases have, most unquestionably, undergone a change. In reports emanating from the most reliable sources, we find it stated that, in many sections of country where formerly, and for a very long series of years, intermittents constituted the common endemic, and were looked for every autumn with as much certainty as the return of the season itself, they have of late years entirely disappeared and have very generally been replaced by typhoid fever. It is a common observation made almost every where, that the intermittent forms of febrile disease have very generally given place to those of a continued character. How seldom, Dr. Condie remarked, do we now encounter those violent inflammatory forms of bilious fever which formerly prevailed in our vicinity almost every fall; in their stead we have a low grade of remittent fever, in which the remissions become daily less and less distinct, until, finally, the case assumes a continued and typhoid form.

Formerly it was the common opinion, in support of which were enlisted the names of such authorities as Wistar and Chapman, that pulmonary (tubercular) consumption was comparatively an infrequent disease in Philadelphia, and that it seldom if ever occurred in any of the members of our older families: now, how-

ever, it is shown by our mortuary statistics that the annual mortality from this disease amounts to about 14 per cent. of all the deaths, and that it is met with as frequently, in proportion to their numbers, among the members of the oldest families of the place, as among its foreign population and their offspring—showing that increased population, increased luxuries, increased wear and tear of the physical, moral, and intellectual powers of the citizen of our metropolis have rendered him predisposed to a much greater extent than formerly to pulmonary tuberculosis.

It is urged, that, inasmuch as the description given of our common endemics and occasional diseases, by writers who observed the same class of diseases as they occurred fifty or sixty years ago, correspond exactly with those by which they are now characterized, there cannot, therefore, have taken place any change in the character of those diseases. But even if it were strictly true that no modification of symptoms had occurred, it would not prove that the constitution of the patients in which these diseases now take place are the same as those of the patients in whom they were formerly observed. The pathognomonic symptoms of a disease may remain unchanged in their general features, and yet, in one case it may occur in a sthenic, and in another in an asthenic condition of the constitution. But, to whatever cause it may be attributed, it is very certain that diseases, even those the most decidedly inflammatory, will not bear the same amount of direct depletion as formerly. In evidence of this fact we have the concurrent testimony of the majority of medical men, everywhere.

Dr. Condie believed that a necessary consequence of the present advanced state of civilization, the influence of which was extended far and wide—the diminished call which it made upon the physical exertions of the race, and the increased amount of luxury, indulgence, and repose which it secured to nearly all classes of society, but especially to those who made up the population of our larger cities and more densely settled rural districts; with the increase, at the same time, of mental effort, of moral action and reaction, and of the constant excitement to which the passions are on every hand subjected, was a reduction of the stamina of the constitution of the masses below the standard it enjoyed in former times, and the less sthenic character of the diseases by which they are attacked, and the diminished toleration of bloodletting and other debilitating remedies in the treatment of these. But, while the human constitution may now be endowed with a less amount of vitality than in the time of our predecessors, yet, in consequence of the better manner in which this vitality is husbanded, and the numerous defences, from some of the more deleterious of the prevailing morbific agents, with which the constitution is now supplied, the less amount of vitality of the present day is rendered more lasting; hence, with diminished inherent powers of endurance and resistance, the average duration of life has been, in fact, increased.

In explanation of the increased employment, during late years, of certain remedies in inflammations which, formerly, were supposed to be incompatible with the proper antiphlogistic treatment, Dr. C. suggested that probably something was to be attributed to the fact, that experience had taught to physicians a more correct appreciation of the therapeutical qualities of the remedies referred to. Opium was formerly believed to be a remedy that was positively contraindicated in all inflammatory affections. This proscription of opium in the acute phlegmasiæ and fevers of a sthenic character had been strenuously urged upon Dr. C. by his medical preceptor, and he entered upon the practice of his profession believing most certainly that to administer the article in such diseases would be positively injurious, and yet experience subsequently taught him, as it had probably all his hearers, that opiates, in the diseases referred to, especially after bloodletting, or even, in certain cases, in conjunction with it, are among our most valuable remedies.

The peruvian bark was considered by the physicians of the early portion of the present century as a powerful tonic, unadapted to any case in which the indication is to keep down arterial or nervous excitement; now, however, the active property of the bark, as contained in quinine, is exhibited as a soothing remedy, in consequence of the sedative influence it exercises over the nervous system in certain cases, formerly reputed as of the class of inflammatory affections. It is but three years ago that the idea of quinine, having the power to calm nervous or vascular excitement in any case whatever, was pronounced by one of the oldest practitioners of Pennsylvania as an unfounded and dangerous heresy. Many other articles of the materia medica could be pointed to, Dr. C. remarked, which are employed by contemporary physicians of known skill and judgment, and with unquestionable advantage, in forms of disease in the treatment of which they were formerly esteemed altogether inappropriate.

While Dr. Condie differed from the gentleman who introduced the subject for discussion, in the belief advanced by him that blood-letting was demanded now to as great an extent as it was formerly in the treatment of the phlegmasiae—at least when these are sporadic, and not epidemic; for when diseases, he admits, prevail epidemically, their character is often abnormal, and in consequence they may require an essential modification in their treatment; while, on the other hand, the several endemic and sporadic diseases of to-day are, he maintains, in all respects, the same in character as they were at any former period, and are just as tractable under a judicious employment of the same therapeutic measures as they ever were.

At the same time that he doubted the correctness of these opinions, Dr. C. most fully subscribed to the soundness of the practical deductions which had been presented by Dr. Gross in the concluding portion of his address. These, he was convinced, would be received as authority by every practitioner present. Their soundness could, indeed, scarcely be called in question by any physician of even ordinary experience.

Dr. Darrach remarked that a general view of the topic under discussion was less satisfactory than that of a more definite and specific character.

In regard to the antiphlogistic treatment, its immediate object is the removal of general and local venous and inflammatory local capillary congestion, in order to restore functions and prevent lesions. Its means are general venous and local capillary blood-lettings with or without the adjuvants of relaxing antimonials, sedation of nitrate of potassa, revulsions of blisters and saline hydragogues, and the alterative, sedative, and aplastic agency of mercurials.

In respect to inflammation, it consisted in that special kind of capillary congestion which morbidly transudes fibrine, and results generally in the formation of pus and softening of binding tissue. In all this there is that which has a destructive issue, and which hazards life proportionally to the vital importance of the affected organ.

The removal of this causal congestion, especially the capillary, is the therapeutical indication. How otherwise can this be met than by antiphlogistic appliances, except it be physiologically by diet. The antiphlogistic treatment is here the specific — contra-inflammation. Without it, the cephalic, the thoracic, and abdominal phlegmasiae would be fatal diseases.

In regard to the chief element of this treatment, (blood-letting,) there are other uses of it which are not sufficiently considered nor accurately comprehended. In endemic fevers, for example, there is often the catenation of an inflamed organ. Such was it in the Hoogly cases of Johnson. The Cullen practice, under his direction, was first used and with most fatal results. Autopsies having disclosed the liver extremely softened and destroyed by inflammation, he preceded the use of bark with copious and early blood-letting, and thereby mortality was arrested. Such was it in the gastritic yellow fever cases of Moseley, and such also in the gastro-hepatic cases of Rush. This last was a compound of inflammatory remittent with contagion of imported yellow fever, and consequently the West India practice gave place to Rush's practice of prompt and bold blood-letting, with calomel and jalap. Blood-letting is not practiced in essential fever without a full appreciation of the important fact, that (being, as fever itself, a depressor of strength) it is, without counter agencies, hazardous and even fatal. The apology, for its prompt and imperative use is the intrusion of a local, destructive phlegmasia into an essential, febrile disease, constituting the sickness, as Schœnlein would term it, a febro-phlegmasia. In another special condition, relating rather to epidemic and to endemico-epidemic fever than to endemics, blood-letting, cautiously used, and in connection with quinine, is indispensable. The condition in question is a venous; pulmonary congestion, established by an epidemic capillary congestion of the entire bronchial system, and aggravated by the veno-hepatic congestion of a tertian chile. Blood-letting, with quinine, is here the specific against asphyxia and death. This case is often called congestive fever or typhoid pneumonia, and destructively treated with stimulants.

A third special condition is that hæmorrhagic pulmonary congestion occurring in catarrhal influenza, in which there is an onset of most copious hæmatesis. Here the prompt use of the lancet restores the case to its ordinary and safe course. Medical history confirms these statements. It shows that from the time of Botellus to that of the death of Rush, there have been frequent recurrences of a high sthenic condition of animal organization, and with it a liability to phlegmasial catenations in essential fever; in all which the blood vessel system retained a synochus, and often an oppressed state in which medicines were inactive until the system was unlocked by venesection.

But, on the other hand, the history of medicine displays periods when a minimum degree of force was the basis of disease, or at least when blood-letting and its adjuvants were unacceptable. This may be inferred from the satire of Le Sage, and the detection by De Haen of a prevalent and fatal purpura induced by a popular blood-letting practice in a then existing epidemic; but which disappeared under his tonic treatment. Indeed, alternating recurrences of the sthenic and asthenic, tonic and atonic, dynamic and adynamic states, subjectively and objectively are recognized by both Sydenham and Astruc.

For a long period, up to 1814, the synochus pulse and the inflammatory tendency demanded the lancet, antimonials, and mercurials. But, since then, the infrequent occurrence of the Hunterian chancre, the objections to the mercurial treatment of syphilis, the appearance of the spotted fever in New England, and the adoption there of a stimulant practice in scarlatina, indicate a coming disuse of the antiphlogistics, and a greater reliance on alcoholic stimulants, carbonate of ammonia, quinine, vux vomica, and other tonics.

This change, continued Dr. D., was strikingly manifested by the following interesting coincidence. Dr. Rush, who had so pre-eminently and successfully sustained the antiphlogistic treatment, was fatally attacked with the then prevailing epidemic, in which he was bled. And it was then that the late Dr. Parrish had the care of a company of Irish laborers in

Camden, sick of said epidemic. The depressing plan, which being in accordance with routine first adopted, was unsuccessful. He then administered brandy. Such was the benefit of the change, that he thereby became the popular physician, and the Parrish stimulant plan, as it was called, put aside the long-prevalent antiphlogistic treatment.

Since then, in 1819, the medical wards of the Philadelphia Almshouse were filled with recently arrived emigrants, weakened from a long voyage, and reduction of food; and who, on landing, sickened with what was called typhus mitior. By the orders of Dr. James Rush, Dr. D. administered wine and wine whey. Under this stimulating treatment they all rapidly recovered.

As the winter set in, and the emigrants passed off, the same wards began to be filled with the vagrant colored population of Southwark, sick of a fever called typhus gravior. It is true that crowded wards, imperfect nursing, and panic, aggravated the condition of matters, and greatly increased the mortality; yet, besides this, the treatment of cupping the forehead, and of alcoholic stimulants, was not satisfactory. This, doubtless, was owing to an erroneous diagnosis. There is a specific disease—typhus—produced by a peculiar ideo-miasm propagated by a contagion, which results from concentration of cases, and in which alcoholic stimulants is as specific as cinchona in endemics. The said almshouse disease was an asthenic, cephalic, epidemic fever, in which quinine in the apyrexia, carb. ammonia in the exacerbations, and a blister to the occupit would have been, perhaps, a better treatment. Subsequent experience has satisfied him not only that there exists a specific typhus and its alcoholic remedy, but also that much which manifests subsultus and delirium is aggravated by alcoholic stimulants. Remittents, for example, which from the non-administration of quinine, run into hæmatoid secretions and collapse, and exhibit said typhus symptoms, are, by alcoholic stimulants, cast into extreme danger, yet from which, nevertheless, they are recoverable by the bold use of quinine. Having, in such a case, been in consultation some years ago, I advised the administration of three grains of sulph. quinine every two hours, in the place of large and frequent doses of brandy, which was evidently aggravating the subsultus, muscular tremors, picking at the bed clothes, and low muttering delirium; all which had been induced in an autumnal, double tertian remittent, by omission of the antiperiodic and the use of alcoholic stimulants. The specific action of quinine was soon manifested, and with the morning of the following day the consciousness of the patient was restored, and very soon all the other typhus-like symptoms disappeared, and convalescence in due time was established.

Again, not alcoholic stimulants but the antiphlogistic treatment has been substituted for the antiperiodic tonic, and that fatally. This has arisen from a bronchial form of epidemic fever, having been erroneously diagnosed as pneumonia. In one such instance, the autopsy discovered no red or yellow softening of pulmonary substance; but, on the contrary, there was found a universal uniform congestion of the capillaries of the bronchial membrane, with its consequent extreme venous congestion aggravated by a depressant treatment. The venous blood having been expressed from several cut-out portions of the lungs, they floated upon the surface of water, and were, on trial, found entirely and perfectly firm in texture.

A third error, has been the substitution of alcoholic stimulation for the peculiar vitalizing action of the carbonate of ammonia. This has occurred in cases of the bronchial stage of protracted typhoid fever, which has been mistaken for metastatic typhoid pneumonia. Benefited by the detection of this error, both in diagnosis and therapeutics, the following case was saved from a fatal issue. Diarrhœa, ileo-coecal symptoms, and meteorism had disappeared, the pulse had become enlarged, and in frequency reduced to 84 per minute, and convalescence seemed about being established; when, unexpectedly, a set of thoracic symptoms set in. The pulse again became contracted and frequent; breathing became short, frequent, and painful; the alæ nasi dilated extremely, and the upper eye-lids became retracted.

This is too commonly diagnosed as typhoid pneumonia; but it is a transfer of a primary capillary congestion from the ileum to the bronchial tubes, and consequent extreme venous congestion of both lungs. Ten grains every hour of carb. ammonia were administered, and in due time the case recovered. Other like instances could be cited in proof of the specific action of said sthenic agency.

In conclusion, it is not true that disease, especially fever, has now an asthenic base; that alcoholic stimulants are the specific for pure typhus; that quinine is the specific for the pseudo typhous condition into which remittents are ignorantly allowed to sink, and the pseudo pneumonic condition of bronchial forms of epidemic fever; and that carb. ammonia is the specific for the bronchial metastasis of typhoid fever.

Dr. Henry Hartshorne said that he had listened with great interest to the paper of Dr. Gross, and to the remarks which had followed it, showing that there are still some practitioners of standing and experience among us who do not despise all the old modes of practice, in deference to new views. So strong is the present current, however, that it requires almost the courage of a Mazzinian conspirator to venture to take blood now in the treatment of disease.

If, however, we were obliged to do without the lancet, does it follow that we must immediately resort to the flask of *eau de vie* as to its universal substitute? This might prove to be

only going from Scylla to Charybdis. The most distinguished example of an approach to this alternative was the late Dr. Todd. What have been his results? Fortunately, a very full and accurate account of them has been given in the last number of the leading British Review, by one who had seen much of his practice, and who was in such confidential relations with Dr. Todd that the latter had placed all his case-books in his hands, for the express purpose of determining the results of his treatment. As the fruit of this investigation, we are told that, even in pneumonia, Dr. Todd's success did not compare well with that obtained under the old plan of bleeding and blistering, calomel and tartar emetic. And, in regard to fever, still more decisive facts are given. Dr. Todd's mortality from fever, in King's College Hospital, was *much greater* than that occurring in *any other hospital* in Great Britain. The average mortality from fever, in ten large hospitals, was 14 per cent. That of the London Fever Hospital (necessarily more unfavorable than elsewhere) was between 15 and 16 per cent. That of Dr. Todd was 18 per cent! Such facts speak for themselves. The writer of the able review, to which I allude, concludes that experience has not at all established the superiority of the largely stimulating plan of treatment used and taught by Dr. Todd; while it leaves a doubt whether it may not, in some cases, be positively injurious. This doubt may, in our minds, be converted into a certainty that it *is*, in many instances, injurious and destructive.

The advocates of stimulism make large appeal to the evidence of their own experience. But they are less respectful towards the experience of those who have gone before them. It is certainly proper and safe for us to compare our own observations with their assertions; as each individual practitioner must, in the present state of medical science, make his own experience to a certain extent the test of the truth of what he is taught. And, perhaps, in discussions upon a therapeutical point, we may gain more by a comparison of our experience than by an exchange of opinions.

On this ground, I venture to state that I have met with facts which seem to me to contradict some views which are now gaining extensive prevalence. In regard, for instance, to erysipelas. In this disease, Dr. Todd (and in this he was hardly alone) considered alcohol to be the supreme and almost sole remedy in all cases. Now, in proportion to the moderate extent of my practice and opportunities of observation, I have seen a good many cases of erysipelas. No one case of that disease, under my care, ever had prescribed a single drop of alcohol in any form; and yet I have no recollection of ever having lost a case of erysipelas. Two or three cases, in hospital practice, I have seen die of surgical affections, mortal in themselves, with erysipelas occurring in their course; but this does not interfere with the correctness of the statement just made. On the other hand, I think I have seen a valuable life sacrificed, in the hands of another practitioner, by the untimely administration of brandy in an attack of erysipelas, the patient having been previously in full health, and of a plethoric habit. These facts prove to me, at least, that *alcohol is not indispensable* in the treatment of erysipelas. I have no thought of denying that, in certain cases, it may be required, and may be sometimes very useful.

Again, in pneumonia. As it is necessary to be very brief, a single fact may show how my *apparent* experience—that is, experience as I have construed it—does not allow me to reject altogether the long-approved methods of treatment. It so happened that, just after finishing the reading of Dr. Todd's last book, a case of pneumonia presented itself to me in private practice. Being obstinate enough to prefer my own convictions to those of that author, as the case was a very active one, I drew blood by venesection on the second day of the attack; and, as the dyspnœa, pain, and vascular excitement were still not mitigated sufficiently, had leeches applied the following day. The treatment subsequently consisted of the use of non-nauseating doses of tartar-emetic, calomel, and Dover's powder, and a blister; the patient recovered admirably. No more rapid resolution of the attack, or more speedy convalescence, could occur in the hands of any stimulist or expectant. Yet, it ought to be added, that this is the first case of pneumonia I have bled for several years—believing that very many, perhaps the majority of cases, recover quite as well with only moderate local depletion, while a few require even stimulation. This example is only quoted to show the nature of the defence which practice affords us against the dogmatic innovations of the advanced school.

In typhus fever a very direct personal experience may be similarly adduced. In 1848, when the *starvation*-typhus was imported hither from Ireland in the emigrant ships, being then a resident physician in the Pennsylvania Hospital, I contracted the disease. At the beginning of the attack, its nature not having been suspected, I was bled, ten ounces, from the arm. In a day or two, suffering with violent headache, four dozen leeches were applied to the back of the neck; nevertheless, I *survive*, although it seems to have been written "in the laws of the Medes and Persians" that whoever is bled in typhus must die. It may be added that, during the course of the same attack, in which the usual prostration and all other characteristic symptoms of typhus occurred, but one single dose of alcoholic stimulus was taken; the effect of which was so uncomfortable that it was not repeated. The survivor of such an experience may not hesitate to believe that although it may be no doubt necessary in *most* cases, yet *stimulus is not universally essential in typhus.* In typhoid fever, my observation has led me to the

opinion that it is required only in a *minority* of cases, although frequent and concentrated *nourishment* is indispensable in all.

To sum up my view of the subject under debate this evening—debility must undoubtedly be considered an important element in pathology, more important now than it ever was before. But it is not the whole of pathology. Nor is it an axiom without exception that all debility requires alcoholic stimulation. We must all agree with Dr. Gross in his protest against exclusive stimulism, as against exclusivism of any other kind. The dangers of this extreme are as great as those of any other.

Adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

DEGENERATION OF THE SPLEEN.

The Society held a stated meeting at the College of Physicians and Surgeons on the evening of Wednesday, Dec. 12th, the President, Dr. Krakowitzer in the chair.

Prof. Alonzo Clark presented the spleen of a man, a German, aged 48 years, who had resided in London from the time he was fifteen years old until within two or three years back, during which period he had been living in New York, in the neighborhood of Eighth avenue and Thirty-second street. He has never resided in a miasmatic region, had always been strong and healthy, and had been troubled with no disease except the venereal, when young, and attacks of pneumonia and pleurisy two or three years ago. In January, 1860, he was found to have a hard tumor in the left side, presenting a sharp, well-defined edge. He complained of no pain, was not emaciated, and no fluid was detected in the peritoneal cavity.

In August, the bowels were costive, this condition alternating at times with frequent slimy passages. He had two or three passages containing blood, occasional epistaxis, the tumor was larger, and the presence of fluid in the peritoneal cavity was recognized. The urine was normal in composition and quantity.

On Nov. 18th, the abdomen was considerably distended by fluid, and the patient was suffering from dyspnœa. Paracentesis was resorted to, a pail full of fluid drawn off, and considerable relief thereupon followed.

The patient died December 3d.

The abdomen was found distended with fluid, and the glands of the left inguinal region enlarged. There had been a small amount of peritonitis, all the organs adhering together by bands of lymph, but easily separable. The stomach, bowels, liver, kidneys, etc., were apparently healthy.

The spleen was very large, and strongly adherent to the ribs and diaphragm, the latter being strongly pushed upward by the hypertrophied organ. It measured fifteen inches in length, eight in width, and about four and a half in thickness. Its weight was nine pounds. Over the surface was scattered a number of hard lumps, which suggested to the touch the idea of cancer. On section, however, they presented a shiny, waxy appearance, leading to the supposition that they were the result of fatty degenerescence.

On examination of the tissue of the organ by the microscope, no heterologous deposits were recognized, but there was found fibroid degeneration, with vast numbers of new fibres, incipient fibres and granules. This was a striking feature of the case, Dr. C. remarked,—the great number of nascent fibre-cells in process of elongation and transformation. The splenic cells were all bounded by an excess of fibrous tissue, and many of them emptied of their usually contained globular structure.

It was remarkable, that, notwithstanding this extensive disease of the spleen, the patient had never had ague, nor resided in a district in which he could have been exposed to the influence of miasmata.

As the disease had advanced, the spleen had gradually increased in size, and death had probably resulted from the extension of the tumor, and the effect upon the peritoneal membrane. For the last three months of his life, the patient had been largely dropsical, as if suffering from cirrhosis of the liver.

DEGENERATION OF KIDNEYS.

Dr. Clark also exhibited two kidneys, the larger weighing two ounces, and the smaller about an ounce and a half. They were well-marked examples of the granular form of Bright's disease; and the case, he said, served to illustrate a condition of system often observed, but one, our familiarity with which had not seemed as yet to aid us much in thoroughly understanding and diagnosing.

The patient was a man, 35 years old, who had not been considered in good health. He had been operated upon when young for club-foot; and during his whole life had been regarded as an invalid, without, however, any particular disease having been attributed to him. He had been troubled with a cough for some years, with no expectoration. He had remained in his usual state of health until one evening last week, when he was seized with a pain in the side. A physician was called in, and a mustard poultice ordered. Next morning he was found very much agitated, suffering from an increase of pain, and with all his movements tremulous. He being a man who had never committed any excesses, some grave lesion was feared to have taken place, to account for the disordered condition of the innervation.

He (Dr. C.) was asked to consult with the attending physician, and an appointment was

made for half-past seven in the evening. This appointment was accepted at four in the afternoon. The messenger from the attending physician had been gone from his office but a short time, when he returned in great haste, saying the patient was much worse. He immediately went to see him, and found him apparently in articulo mortis. The chin had fallen, the breathing was convulsive, and the peculiar pallor of the dying was upon him. A member of the family started down stairs to procure some brandy, and had scarcely had time to return, when death took place.

The question was, what had killed the patient? A certain amount of inflammatory action only had been recognized by the attending physician during life—nothing apparently of a fatal nature. The only answer deducible from the post-mortem appearances, was toxæmia, the result of diseased kidneys.

A moderate degree of pleurisy was found to have existed in the left side, about six ounces of sero-purulent fluid being found in the pleural cavity of that side. The lung of the right side contained two or three ounces of bloody serum, effused, probably, during the last moments of life. Both lungs were found to have been free from pneumonic inflammation. There existed in them, however, some œdema, not enough to have been fatal, and spots of atelectasis, as well marked as that sometimes found in the lungs of young children.

On microscopic examination, the secreting portions of the kidneys were found in great measure destroyed. Only a small part could have been performing duty properly. Some of the Malpighian bodies were entirely destroyed, the contents of their cysts being highly fibrous. The commencements of serous cysts were found with white spots of fatty degeneration on their surfaces.

It was remarkable, Dr. C. said, how extensive this disease might become, without the production of any alarming symptoms. There had been in this case no great disturbance of the functions of the nervous system, no convulsions, and no great amount of dropsy until a day and a half before death.

(*To be continued.*)

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"*The History of Iodine,*" says Dr. Forget, "is very remarkable. First introduced as an anti-goitre remedy, it was long before it got any credit in scrofula. For some years it has had a tremendous run. In its new phasis it began by curing hydrocele; then a bold hand introduced it in hydrathrosis; then it passed into ascites, then into hydrothorax, into the pericardium, and I believe it has penetrated even into hydrocephalus. This is not all; it cures ovarian cysts, chronic abscesses, fistulæ, caries of the bones; it disinfects, deterges, and cicatrises wounds of a bad kind; it cures diphtheritis, dysentery, etc., etc. Ah! here is a remedy which men call specific!"

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 22, 1860.

TENDENCIES OF THERAPEUTICS.

The tendencies of medicine, at the present time, form an interesting study, particularly as they relate to therapeutics. It is, hence, with great pleasure that we lay before our readers the discussion on the subject, which took place recently at the Philadelphia County Medical Society.

The almost universal abandonment of the lancet, the substitution of milder plans of treatment for those heroic modes, yet in vogue a generation ago, are matters of history. Quinine and iron are now given, where tartar emetic was formerly resorted to; patients are kept upon a nutritious diet where once they were bled, and, while formerly the patient was denied water for fear of increasing the fever, he is now put upon brandy in larger or smaller doses. The general tendency of therapeutics is, to use a favorite and expressive clinical phrase, "building up," sustaining and stimulating. That such *is* the tendency of our day, about this there can be no dispute.

There are those who look upon these changes as the result of accident and *fashion;* they regard the representative men of successive schools in therapeutics as medical Beau Brummels. As in the matter of habiliments, certain fashions prevail for a time, pass away, and are followed by others, recurring, however, sooner or later, in the same or a slightly-modified form; so there are those in the profession who consider the present tendency of building up and stimulating in therapeutics as a resurrection of Brunonianism, with a modern cut. With this view it is, of course, confidently predicted that the new mode will, sooner or later, go "out of fashion."

However *easy* a view this may be, it is at once both superficial and obviously false.

There is no part of the intellectual development of mankind which is not regulated by laws and logic as permanent and immutable as those of the physical world, and, when we ob-

serve strong and irresistible currents in the science of medicine, all running in one direction, it is as philosophical to call them merely accidental and fashionable, as it would be to call the rise and progress of empires accident, and the strifes and battles of nations for freedom and independence the result of fashion. There is a logic in the development of medicine as there is a logic in the history of nations, and to study the causes which lead to the changes constantly going on, and thus to grasp in one general idea the tendency of the science, must be the aim of the philosophical observer.

There have been essentially two modes of interpreting the change in the therapeutical tendency during the last two decennia. One party says that the type of diseases has changed from the sthenic to the asthenic; another party claims that science, or rather that physicians have changed by arriving at a better understanding of disease, its nature and therapeutical indications. Then we have views compromising between these two. It is claimed that there are cyclical changes in the type of diseases, governed by laws, meteorologic and terrestrial, as yet not understood, and that we are at present at the low tide, asthenic, of one of these cycles.

There has been, in all the discussions on the subject, a great oversight of some very important facts, a proper consideration of which will enable us, perhaps, to understand more fully the causes of the revolution in therapeutics. We allude to the *social* changes which have taken place simultaneously with the former.

Have there been any causes, operative during the last thirty years, which would lead, not to a change of type in disease, but to a change in the physical constitution of man, in consequence of habits, modes of life, occupation, which would render him more apt to succumb to attacks of disease, and whence the necessity of a more sustaining and stimulating treatment, than before these causes were in operation? Are there any influences now at work, not in operation to the same extent thirty years ago, which tend to enfeeble the constitution of men? Most assuredly.

Is it to be supposed that a few hundred thousand miles of railroad track that have been laid within thirty years, covering the map of the civilized world, like the web of a spider, with tens of thousands of steam-horses, carrying millions upon millions of men at a tremendous speed, and a hundred thousand steamers and steamboats ploughing every sea, lake, and river; is it to be supposed that all this could have taken place without changing the *habits*, and with them the physical—aye, even moral—constitution of mankind? And yet, instead of inquiring into the changes wrought by *these* mighty influences that have been at work incessantly, we hear men talk about the obscure meteorological and terrestrial influences, "changing the type of disease," and of the change in medical "theory and fashion."

Is it probable that the introduction of steam into the mechanical arts, with a hundred thousand pyramidal chimneys towering up, smoking and puffing, the monuments of a new form of civilization, and with its six and ten-story factories, dusty, ill-ventilated, with sixteen hours labor—stationary labor, out of the reach of fresh air—is it probable that these influences, directly acting upon the habits, social, industrial, physical, moral, of man, have been at work, without leaving a trace in his physical constitution as regards the liability to disease and the power to withstand it?

Is it to be supposed that the prevailing and increasing tendency of men to live together in large communities (witness the last census reports) has done nothing to change, not the type of diseases, nor the therapeutical *fashions*, but the physical constitution of man as regards its capacity for and power to combat disease?

The fast life which our present generation lives, in consequence of the great social and commercial revolutions which have taken place, has rendered men more liable to become attacked by diseases of debility. Space does not permit us to-day to enter upon the subject more in detail; we shall, however, refer to it again.

Longevity.—A correspondent of the London *Medical Times* asks if there are any really *authentic* instances of persons having reached the age of one hundred years.

VIOLATION OF ETHICS.

Under Section 3, Article I, "Of the Duties of Physicians to Each Other, and to the Profession at Large," Code of Ethics of the American Medical Association, we read as follows:

"It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; *or to publish cases and operations in the daily prints, or suffer such publications to be made*, etc. etc. These are *the ordinary practices of empirics*, and are highly reprehensible in a regular physician."

If the reader will turn to the Reporter for November 24, he will find some pretty plain remarks about the Academy of Medicine and the Medico-Chirurgical College, both of New York. Both of these societies stand very high, and count among their members eminent gentlemen. But both are, we are sorry to say, guilty of what our recognized Code of Ethics calls "*the ordinary practices of empirics.*"

In the New York *World* of Saturday, December 15th, there is another "puffing" report of the Medico-Chirurgical College, in which Drs. Peaslee, Sayre, and Gardner are advertised to the general public.

Now, all this is done either under the express sanction of that Society, or with their connivance. If this and other Societies continue thus to flagrantly violate the Code, let their delegates be promptly challenged at the next meeting of the American Medical Association; for what right have they to ask representation in that body, when they do not have a meeting without "publishing in the daily prints cases and operations," or suffering the publication thereof, and thus violating not only the spirit, but the very language of the Code?

——o——

St. Louis Schools.—The St. Louis *Medical and Surgical Journal* says of the classes in that city: "The number now present is considerably greater than at a corresponding period last year, and the prospects are that we will have larger classes, perhaps the largest, that ever assembled west of the Mississippi river.

Correspondence.

THE NEW DEGREE.

Messrs Editors:—The "new degree" being under discussion in the Reporter, and being a subject, it seems to me, well worth the consideration of the profession of this country, I hope to see it well discussed, that some good may be derived from it.

That something should be done to distinguish the scientific practitioner of medicine, the man of solid acquirements, the real physician, from the quack, pretender, or charlatan, is sufficiently clear to need no argument. Nor is such a distinguishing mark needed only by the profession. The *public* sadly needs some protection. Imposture in medicine, quacks and quackery are at every turn, and the people have no means of discriminating between these and the reliable and honorable physician. This should not be; it need not be. A title or degree can be conferred upon the scientific practitioner of medicine which shall in any land distinguish him from the impostor.

Let us then have a national degree. The title should be a national one, and the qualifications should of course conform to a national regulation; making it therefore necessary to have a prescribed *national* standard of qualifications, the candidates for the degree to be all subjected to the same test. Let the American Medical Association be the head, or highest tribunal, and let this body appoint a board or boards of examiners or censors.

Then, what shall be the title? Shall we retain the present one? In regard to the latter question, I, for one, do not think it necessary to forsake our old friend "M. D." They are not entirely useless, even though they have been abused. *Medicinæ Doctor* means the same now as it did before it was used by impostors, and if by an additional letter or two we can vouch for its purity, I see no reason to discard the time-honored M. D. Can we not retain the M. D., and at the same time distinguish it from that assumed by the undeserving? Why not designate those possessed of the necessary qualifications and approved by the National Association or its censors *National Licentiates*, making the title M. D., N. L.? This will, I think, accomplish what is desired, is perhaps as brief as it could be made, avoids the alliteration and other objectionable features of the "maternal" M. A. M. A., and at the same time includes the present familiar and long-respected title.

The above suggestions are offered in the hope that a subject so important may not be suffered to rest until some reform be accomplished.

U.

NEWS AND MISCELLANY.

Tracheotomy in Croup—M. Henriette, of the St. Pierre Hospital, Brussels, in a note to Professor Thiérry, states that having well nigh abandoned this operation, after repeated failures, his confidence in it of late has been restored by several instances of success, he having had four recoveries out of eight operations, performed since the end of last year. He believes the chief cause of its failure is the delay in resorting to the performance of the operation. As soon as medical means have failed, and the early symptoms of asphyxia are present, when, indeed, we can otherwise only look to chance for success, we should at once operate before the child's powers become too much exhausted.—*Presse Méd. Belge—Boston Journal.*

Cleveland Medical College.—The annual course of lectures in the Cleveland Medical College commenced on Wednesday, November 7th. The Introduction was delivered by Prof. Weber before a large audience—the students and friends of the institution. The subject of the introductory was: "The importance of the physical education of infants." The number of students in attendance on the first and second day was sixty-two, which number is expected to increase during the first few weeks of the session to very near one hundred.—*Cincinnati Lancet and Obser.*

The City Hospital.—It is said that the Board of Health, of this city, have resolved to close the hospital for contagious diseases. We have not heard the reasons assigned for this movement, but in the reported increase of small-pox in the city it seems inopportune.

Charity Hospital.—At a meeting of the Medical Board of Charity Hospital, held December 4th, Robert Bolling, M. D., was elected to the Chair of Diseases of Skin in said institution.

Army and Navy.—Assistant Surgeon John F. Head, to be Surgeon, September 6, 1860, *vice* Byrne, deceased.

J. Campbell Shorb, of Pennsylvania, to be Assistant Surgeon, *vice* Keeney, promoted; to date from October 11, 1860.

Abel F. Mechem, of Maryland, to be Assistant Surgeon, *vice* Murray, promoted; to date from October 11, 1860.

Clinton Wagner, of Maryland, to be Assistant Surgeon, *vice* Myer, appointed Signal Officer; to date from October 11, 1860.

David P. Ramseur, of North Carolina, to be Assistant Surgeon, *vice* Head, promoted; to date from October 15, 1860.

William F. Cornick, of Virginia, to be Assistant Surgeon *vice* Hammond, resigned; to date from October 31, 1860.

A Quack Advertisement.—The New York *Tribune* states that it is to receive over $31,000 for one year's insertion of a quack advertisement in its daily, semi-weekly, and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money will, of course, be drawn from the readers of that paper, and be paid back to the quack for his worthless preparation. The universal panacea now put forward is called the "*Cephalic Pills.*" We hope the profession will, as far as possible, prevent this "Enterprising Business Man," as he is styled, from realizing the contemplated profits from his investment.—*New York Med. Times.*

Poisoning from Green Paper Hangings.—An English jury has rendered a verdict of death from "the inhalation of arsenical fumes which had escaped from the green paper of a certain sitting-room, and that the manufacturer of such paper had been guilty of very careless and culpable conduct."

Dr. Letheby reported that the paper on the room was covered with the arsenite of copper, the pigment amounting to about a third weight of the paper. He found arsenic in the stomach, liver, and evacuations of the child.

Evasion of the English "Medical Act."—A practitioner, who professes to be a graduate of this country, has attempted to evade the requirements of the Medical Act, which requires graduation or licensing in England before assuming the title of Doctor, or Surgeon, by styling himself "I. Hamilton, Surgeon, Boston, U. S. Anti-Registered." Previous decisions have determined that the assumption of the title is illegal, unless the practitioner be registered.

Chloroform and Ergot have been combined for inhalation in cases of labor in which there is inertia or hæmorrhage. The London *Medical Times* says that the subject is to be presented at the next meeting of the London Obstetrical Society.

The Empress of Austria is suffering from pulmonary tuberculosis. She is now recruiting her health at Madeira. . . . The Empress of France, it is said, recently visited Edinburgh and consulted Mr. Simpson. . . . Two new psychological journals are about to be started in Paris, entitled *Clinical Archives of Mental and Nervous Diseases*, and the *Journal of Mental Science*. . . . A French Sanitary Congress is soon to assemble at Lyons. . . . A medical student has been sentenced to one year's imprisonment for forging a diploma by which he secured an appointment of surgeon to a militia company in Scotland. . . . The average longevity of the British Peerage is seventy years.

MARRIAGES.

Berry—Dunlap.—November 1st, William Berry, M. D., of Bremen, O , to Miss Elizabeth Dunlap, of Morgan county, Ohio.

DEATHS.

Dallam—At Rising Sun Village, Philadelphia, Dec. 15th, of meningitis, Maggie W., wife of Dr. J. M. Dallam, and daughter of the late Captain James Rich, of Denton, Maryland.

Brinsmade.—At Troy, N. Y., Dec. 11th, Jane Elizabeth, only daughter of Dr. Thomas C. and Elizabeth Brinsmade.

In the death of this lovely and accomplished young lady, the parents are bereaved of a daughter whose filial affection seemed inwoven with their very life, and who was peculiarly endeared to them by the unaffected simplicity and beauty of her Christian graces; but the remembrance of these, and their glorious reward, will shed a softer light over the darkest hours of their affliction. W.

Bruce.—Dr. N. Bruce died at Mount Pleasant, Iowa, on the 8th of November last, after a short illness, having attained the ripe age of 72 years and 2 days.

He was born in Alleghany county, Md., and after having obtained a liberal education, he commenced the study of medicine under Dr. Murray, an eminent physician of Cumberland, and shortly afterward attended lectures at the University of Pennsylvania, in Philadelphia—fifty years ago. The celebrated Drs. Rush and Wistar were then among the faculty of that institution—the former, especially, was a favorite of the deceased, and in his old age he frequently quoted the maxims and precepts of his esteemed professor.

The Doctor came to Somerset county, Pa., in 1810, where he practised medicine for a period of about forty years, during which time his practice was very extensive and laborious. In 1855 he removed from this place with Dr. Berkey, his son-in-law, to Mt. Pleasant, Iowa, where he remained up to the time of his death.

Perhaps no man ever lived in Somerset county who had more warm friends and fewer enemies (if, indeed, he had any,) than Dr. Bruce. His private worth, his delightful social qualities, and the benevolence of his heart, will be sufficiently attested by his numerous mourning friends and acquaintances in every part of the county. It was among the sick and distressed that these noble qualities were mostly appreciated. Nature had fitted him for his vocation. The poor received his care and kind attentions equally with the rich. Admiration of his talents as a physician, and respect for his honesty as a man, were universal. P.

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Answers to Correspondents.

Vaccine.—The following are the Vaccine Physicians in this city appointed by the Board of Health:

1st Ward, Wm. Reyburn, No. 1145 S. Tenth street; 2d Ward, Wm. Notson, S. W. corner of Fifth and Carpenter street; 3d Ward, N. C. Reid, No. 801 S. Fourth street; 4th Ward, J. W. Chamberlain, No. 622 S. Eleventh street; 5th Ward, C. P. La Roche, No. 614 Locust street; 6th Ward, J. C. Cooper, No. 139 Arch street; 7th Ward, R. W. Ritchie, No. 1935 Lombard street; 8th Ward, Wm. S. Forbes, No 261 S. Seventeenth street; 9th Ward, Robert Bolling, No. 256 S. Twelfth street; 10th Ward, H. St. Clair Ash, No. 1712 Vine street; 11th Ward, G. B. Lummis, No 145 Coates street; 12th Ward, L. E. Nordman, S. E corner of Fifth and Green streets; 13th Ward, E. B. Shapleigh, No. 440 N. Eighth street; 14th Ward, Benj. Phister, S. W. cor. Twelfth and Green streets; 15th Ward, E. B. Jackson, No. 1923 Callowhill street; 16th Ward, Daniel Hershey, No. 924 N. Fifth street; 17th Ward, James W. Rowe, Thompson street and Germantown road; 18th Ward, Charles E. Cady, No. 1603 Frankford road; 19th Ward, Edgar Janvier, Richmond street, below Second; 20th Ward, James Anderson, No. 1103 Thompson street; 21st Ward, J. C. Stanton, Manayunk; 22d Ward, J. C. Gilbert, Main street, Chestnut Hill; 23d Ward, J. F. Lamb, No. 102 Frankford street, Frankford; 24th Ward, Elisha Crowell, Till and Market streets, West Philadelphia.

Digitalis in Scarlatina.—Dr. C. E. Cady, of this city, appends the following to a business letter:—

I notice in a recent number of the Reporter a communication from Dr. Gebhard relative to the use of digitalis in scarlatina, and I can add a most positive testimony in concurrence with his experience, for I have during the past three years used digitalis in combination with the iodide of potassium, with almost uniform success, excepting in those cases where the invasion of the disease was of that terrible character which at once depresses vital force at the onset.

My private views of scarlatina in its various forms, differ from those generally entertained; hence, I adopted, some time ago, the iodine and digitalis treatment. I have never seen cause to regret my course.

—o—

COMMUNICATIONS RECEIVED.

Canada West—A. F. Steinhoff, (with encl.) *District of Columbia*—Dr. D. King, Dr. J. Dwinelle. *Illinois*—Dr. D. W. Stormont, (with encl.,) Dr. B. Woodward. *Iowa*—Dr. I. Langer. *Kentucky*—Dr. W. B. Harlan, (with encl.,) Dr. W. M. Browning. *Michigan*—Dr. L. Davenport. *Mississippi*—Dr. J. W. Shattuck. *New Hampshire*—O. L Bradford, (with encl.) *New York*—Dr. W. H. Wadsworth, (with encl.,) Dr. J. W. Gray, (with encl.,) Dr. W. S. Griswold, (with encl.,) Dr. W. W. Wheaton, (with encl.,) Dr. R. R. Gregg, Dr. R. W. Clark, Dr. H. Nicholls, (with encl.,) Dr. M. Stowell, (with encl.,) Dr. W. H. Hall. *Ohio*—Dr. MacNicholl, (5,) Dr. J. A. Williams, Dr. S. W. Wetmore, (with encl.,) Dr. E. L. Plympton, (with encl.,) Dr. W. B. Davison, (with encl.,) Dr. B. Palmer, (with encl.,) Dr. L. C. Stebbins, (with encl.,) Drs. Palmer and McConnell, (with encl.,) Dr. J. Delamater, (with encl.,) Dr. E. Sterling, (with encl.,) Dr. E. Hunter, (with encl.,) Dr. J. C. Sanders, (with encl.,) Dr. Dickinson, (with encl.,) Dr T. P. Wilson, (with encl.,) Dr. R. T. Strong, (with encl.,) H. B. Fellows, (with encl.,) W. E. Chapman, Dr. W. W. Holmes, (with encl.) Dr. M. Dunlap, (with encl.,) Dr. H. Coffman, (with encl.,) Dr. A. H. Stephens, Dr. B. Sheldon, (with encl.,) Jas. Baggs, (with encl.,) E. H. Greenman, (with encl.,) T. J. Jung, (with encl.) *Pennsylvania*—Dr. A. P. Dutcher, Dr. J. F. Fischer, (with encl.,) Dr. J. E. Hamilton, (with encl.,) Dr. S. G. Clark, (with encl.,) Dr. O. D. Palmer, Dr. D. Detwiler, (with encl.,) Dr. R. H. Patterson, Dr. J. C. Rutter, (with encl.,) Dr. G. J. Scholl, (with encl.,) Dr. J. Foote, Dr. E. N. Smith, (with encl.,) Dr. H. Shutts, (with encl.,) Dr. H. A. Tingley, (with encl.,) Dr. L. A. Smith, (with encl.,) Dr. L. W. Bingham, (with encl.,) Dr. A. M. Tiffany, (with encl.,) Dr. C. C. Edwards, (with encl.) S. S. Cowell, (with encl.,) Dr. J. M. Stevenson, (with encl.,) Dr. P. J. Raebuck, (with encl.,) Dr. J. McCarrell, (with encl.,) *Tennessee*—Dr. F. Porter. *Vermont*—Dr. A. Atwood. *Virginia*—Dr. A. H. Canthorne.

Office Payments.—Dr. J. J. Clark, (Pa.,) Dr. W. Elmer, (N. J.,) Dr. Clark, (N. J.) By Mr. Swaine: Drs. Robertson, Funk, Bloom, Freeman, Haskell, Brown, and Kirkbride.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 8, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	213	338	.....	119	.....	.....	.....	18	.....	.....	80
Males	107	163	.....	58	.....	.....	.....	12	.....	.....	53
Females	106	175	.....	50	.....	.....	.....	6	.....	.....	25
Sex not stated	.....	.....	.....	11	.....	.....	.....	.....	.....	.....	2
Whites	209	337	.....	85	.....	.....	.....	12	.....	.....	78
Black and colored	4	1	.....	32	.....	.....	.....	6	.....	.....	2
United States	164	204	.....	59	.....	.....	.....	15	.....	.....	.....
Foreign countries	36	134	.....	31	.....	.....	.....	3	.....	.....	.....
Nativity unknown	13	.....	.....	29	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	89	141	.....	47	.....	.....	.....	4	.....	.....	32
5 to 10 years	11	18	.....	3	.....	.....	.....	1	.....	.....	}
10 to 20 "	14	16	.....	2	.....	.....	.....	1	.....	.....	}
20 to 50 "	52	103	.....	38	.....	.....	.....	8	.....	.....	} 48
50 and over	47	57	.....	12	.....	.....	.....	4	.....	.....	}
Unknown	.....	3	.....	18	.....	.....	.....	.....	.....	.....	
Causes of Death. *Zymotic Diseases.*											
Croup	8	8	.....	1	.....	.....	.....	.....	.....	.....	3
Cholera Infantum	.....	1	.....	3	.....	.....	.....	.....	.....	.....	.....
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	3	3	.....	7	.....	.....	.....	.....	.....	.....	8
Diphtheria	10	7	.....	.....	.....	.....	.....	2	.....	.....	1
Dysentery	.....	2	.....	4	.....	.....	.....	1	.....	.....	.....
Erysipelas	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	2	2	.....	3	.....	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
" typhoid	3	3	.....	2	.....	.....	.....	2	.....	.....	4
" typhus	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
" scarlet	20	29	.....	2	.....	.....	.....	.....	.....	.....	1
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	1	1	.....	1	.....	.....	.....	1	.....	.....	2
Measles	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	3	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	8	.....	2	.....	.....	.....	1	.....	.....	1
Congestion of Lungs	3	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Consumption	35	46	.....	17	.....	.....	.....	3	.....	.....	9
Pneumonia	7	32	.....	8	.....	.....	.....	.....	.....	.....	10
Hemorrhage from Lungs	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Pleurisy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	9	5	.....	.....	.....	.....	.....	2	.....	.....	3
Convulsions	6	18	.....	7	.....	.....	.....	1	.....	.....	6
Congestion of Brain	6	7	.....	2	.....	.....	.....	1	.....	.....	1
Disease of Brain	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Delirium Tremens	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Epilepsy	1	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Hydrocephalus	.....	11	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	2	10	.....	1	.....	.....	.....	.....	.....	.....	2
Paralysis	3	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tetanus	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	2	9	.....	6	.....	.....	.....	.....	.....	.....	1
Phlebitis	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	3	.....	2	.....	.....	.....	.....	.....	.....	1
Gastritis	.....	5	.....	.....	.....	.....	.....	.....	.....	.....	1
Hepatitis	2	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	3	6	.....	7	.....	.....	.....	.....	.....	.....	.....
Marasmus	11	18	.....	4	.....	.....	.....	.....	.....	.....	4
Peritonitis	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	1	5	.....	1	.....	.....	.....	.....	.....	.....	.....
Diabetes	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	1	2	.....	.....	.....	.....	.....	.....	.....	.....	1
Diseases of Uncertain Seat.											
Abscess	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Cancer	.....	6	.....	.....	.....	.....	.....	.....	.....	.....	1
Dropsy	8	6	.....	2	.....	.....	.....	.....	.....	.....	1
Debility, etc	23	13	.....	1	.....	.....	.....	1	.....	.....	2
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	.....	}	.....	}	.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	}	.....	}	.....	.....	.....	.....	.....	.....
Fever	2	.....	}	.....	} ...	.....	.....	.....	.....	.....	1
Diseased Womb	1	.....	}	.....	}	.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	2	14	.....	5	.....	.....	.....	1	.....	.....	1
Poisoning	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	9	.....	.....	13	.....	.....	.....	.....	.....	.....	3
All other causes	11	28	.....	13	.....	.....	.....	1	.....	.....	10

CASTLETON MEDICAL COLLEGE.

Castleton, Vermont.

SIXTIETH SESSION, 1861.

CORYDON L. FORD, M, D., Professor of Anatomy.

ADRIAN T. WOODWARD, M. D., Professor of Obstetrics and Diseases of Women and Children.

GEORGE HADLEY, M. D., Professor of Chemistry.

WILLIAM P. SEYMOUR, M. D, Professor of Materia Medica and Therapeutics.

E, K. SANBORN, M. D., Professor of Surgery.

P. D. BRADFORD, M. D., Professor of Physiology and Pathology.

CHARLES L. ALLEN, M. D., Professor of Theory and Practice of Medicine.

P. PINCO. M. D., Professor of Medical Jurisprudence.

The Annual Course of Lectures will commence on the last Thursday of February, and continue four months.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 35.

Oral region (continued.)—The alveolus, being lined with a periosteal layer, may become the seat of inflammation, and as its walls are unyielding, much suffering will ensue. It may readily be mistaken for ordinary tooth-ache. As this membrane is continuous with the submucous stratum exterior to the alveolus, the abstraction of blood from the gum by leeches or incision around the neck of the tooth, will act favorably in unloading the vessels of the alveolar periosteum. Abscesses may form within the alveolus. Such may be opened by perforating their walls without subjecting the patient to the removal of the tooth. The matter will often, if left to itself, reach the bottom of the alveolus, and dilate the periosteum into a little sac.

The regularity of the dental arch may be interrupted by the permanent teeth emerging from their alveoli out of line, and much anxiety is usually manifested to have certain ones removed to correct the irregularity. The practice is, at best, doubtful. Where I have had an opportunity of seeing such left undisturbed, the rapid expansion of the alveolar process has ultimately corrected the difficulty, aided by continued pressure upon the displaced tooth in the required direction. Whether such ordinarily is the case, I am not prepared to affirm positively. The deciduous teeth should be allowed to loosen before being removed, unless there be urgent reasons for acting otherwise. The dental arches contribute much to distinct articulation, especially the sounding of dental consonants. In fractures of the jaws the teeth serve as firm points, around which wire may be drawn to accurately coaptate the fragments.

The periosteal attachments of a tooth may be regained after being broken up, as where one happens to be displaced by accident, and reinserted into its socket. A remarkable case of this kind is reported by Dr. Garretson, of this city, where a tooth was replaced by him after being carried for a day in the pocket, and after a time became perfectly firm in its place. Periosteal detachment induces dental necrosis.

The cementum, being very similar to bone, will be reproduced occasionally, and hence, when fractures occur below the neck, union will sometimes take place. The cement may become inordinately increased forming protuberances. Such are called *exostoses*. In these cases, the structure resembles in its anatomy true bone possessing Haversian canals and canaliculi.

As the firmness of the tooth depends upon the connection of the fang with the alveolar pit, the nature of such articulation should be considered in its removal. It is a *gomphosis*, like a nail driven into a board, and just as one would most easily remove this, so should a tooth be extracted, by rocking it from side to side, to break this articulation, and afterwards making traction.

The enamel being intensely hard may be cracked by sudden changes of temperature. The inorganic salts which enter so largely into the dentine and cementum, will render caution necessary in the exhibition of mineral acids. It occasionally crumbles away from the crown of the tooth, leaving the dentine exposed, in which case the organ rapidly wears down. There is a beautiful provision in this disease to protect the pulp cavity, in the formation of a translucent film of bone over it as a kind of lid.

The dental pulp, consisting of blood-vessels and nerves, may be the seat of inflammation, in which case pain will ensue from compression; or the nerve filaments may suffer from causes acting even at a distance, through the communications which exist between the fifth and other pairs of nerves. Thus, disordered stomach, inflamed eyes, certain impressions upon the face or nose, may all, or either of them, excite toothache. The pulp may undergo ossification or death. Development of gas from decomposition in the pulp cavity, may produce intense pain, confined as it will be on all sides; hence the practice of drilling a small hole into the pulp cavity to discharge the irritating cause. These gases may by permeating the dental tissues, produce discoloration. The pain resulting from decayed teeth, the result of caries or necrosis, is due to exposure of the sensitive pulp either to the irritating influence of the air, or contact with particles of food or drink. Through such openings, caustics, such as arsenic, &c., are introduced to destroy the contents of the pulp cavity. When we recall the anatomy of the latter, a certain amount of caution should be exercised that poisoning does not follow. The detachment of the periosteum, as also the destruction of the pulp, induces necrosis very much in the same way as would the separation of the periosteum or endosteum in a long bone. The pus which may result will settle down the canal of the fang, and surrounded by the periosteum, form a pedunculated tumor at its extremity. Dental caries, however, differs from ordinary bone caries in consequence of the different arrangement of the blood-vessels. Its cause is obscure. The dentine suffers most from this pathological change, undergoing softening and decomposition, the products of which so impregnate the fluids of the mouth as to impart a most offensive odor to the breath. During this change, microscopic plants and animals abound over its surface, and, no doubt, from their uniform presence, play, in conjunction with the oral fluids, a prominent part in the destructive process. That such is the case may be inferred from the treatment practised so effectually by the operating dentist, of removing the diseased portions and defending the remaining from all local contact with such by a filling of gold foil.

The teeth may become quite yellow in cases of jaundice. The coloring matter of the bile carried into the bloodvessels of the pulp finds its way through the tissue of the teeth by entering the dentinal tubules. The mucus of the mouth may become so changed in its constitution, by fungi and amorphous granules as to be precipitated upon the teeth in the form of a crust commonly called *tartar*, which, in its chemical constitution, consists for the most part of earthy phosphates, with mucus and ptyalin. The salivary secretion may contribute in some degree to the same result. The dependance of the teeth, like the other tissues of the body, upon the blood-vessel supply and nerve endowments, should give a prominence to a more general pathology in the production of their diseases; and, of course, in their management, a corresponding importance to constitutional remedies.

The health of the body is affected probably more than is generally supposed by the state of the teeth. An inflamed pulp frequently developes most obstinate facial neuralgia, otalgia, ophthalmia, and headaches, from the extensive radiations of the fifth pair of nerves.

In cleansing the teeth, all substances which contain dense particles, however fine, should be discarded, as calculated to rasp down the enamel as well as to scarify the gums. For this cause, many of the popular dentrifices are injurious.

The best articles for this purpose is pure soap and water applied with a soft brush. The alkali will neutralize any acids which may adhere to them, and along with the friction, excite a healthy circulation in the gum.

There is a popular idea that sugar exerts a destructive influence upon the teeth. This is unquestionably erroneous. The paint employed in coloring confectionary, however, may cause injury, not the sugar.

For removing the *tartar*, chemical agents would not be admissible, as they would have to be of such a nature as would attack the earthy part of the teeth. It can only be safely detached by carefully scraping or scaling it off by a proper instrument.

Tobacco has come in for no inconsiderable share of suspicion, as being among the most pernicious agents in destroying the teeth. So far as its direct effect upon them is concerned, it is without any power to do harm, but indirectly it may operate injuriously by deranging the functions of the mucous membrane of the mouth, and so interfere with their periosteal circulation.

In a zoological point of view, the dental organs are exceedingly important, determining in a great degree the habits of animals.

In the graminiverous, those the cusps of which are suited for grinding or crushing will preponderate; in the carnivora, such as from their form will best rend or tear. In man, we have the very best evidence for his omniverous capabilities in the mechanism of the dental arch. Some of the teeth being adapted to cutting, some to tearing, and some for grinding.

In fish, the teeth are scattered everywhere almost within the mouth, even over the bronchial arches and the tongue, sometimes as thickly set spines, in others as recurved hooks. Modifications exist in different species, corresponding to the necessities of organization and habits, wonderfully demonstrative of the multiform mechanisms with which the Creator endows the irrational world of beings. The Myxine, one of the very lowest, feeblest, and contemptible of its kind, in consequence of its dental apparatus, becomes a formidable enemy to the largest monsters of the deep. On the palate a solitary fang-like tooth is placed, and on either side of the tongue two firm deeply serrated plates are attached. The hook is first thrust into its prey, and then these lingual saws are set in motion, which cut their way into the flesh; another hold is taken by advancing the fang, and the saws follow, until finally the very interior organs of life are reached.

In the *Cyprinidæ* (carps) there are no teeth in the jaws, but at the base of the skull upon the basilar bone a triangular plate is placed, and on each pharyngeal bone several large teeth, which, working against the dental plate, triturate the food before it passes into the digestive cavity.

Sharks have several rows placed behind each other. With the exception of the anterior one which is erect, and composed of triangular spikes, the others lie flat. When the first is lost, the next in order rises up to take its place.

Reptiles—Chelonians possess no teeth. Non-venomous serpents have the upper jaw and palate bones set with four rows of teeth, two along the jaws and two on the roof of the mouth. These are turned back towards the pharynx. Such, (as is generally known,) swallow their prey almost whole, and this they are enabled to do by the extensible nature of the connection at the symphisis of the jaws. These teeth, therefore, are intended to prevent the contents of the mouth from receding. In the poisonous snakes, the maxillary teeth are generally wanting, but there is present a terrible apparatus consisting of poison fangs. Each fang is traversed by a canal formed by the bending inward of its sides and communicating with a gland at its root with an arrangement of muscles, some capable of lifting up the fang, and others of compressing the gland in which the virus is secreted, and thrusting the tooth forward so as to inflict the wound.

Birds—These are destitute of teeth. In their stead, there is provided a muscular sack (*gizzard*) which containing small pebbles, enables them to triturate the food. Such a contrivance would be admirably suited to many Americans who eat their food with such haste, that one might suppose they intended to chew it after it had reached the stomach.

Mammals.—Such as gnaw, (*Rodentia*) have the incisors very prominent, of considerable length, and chisel shaped, supported on intermaxillary bones, as, for example, the squirrel, beaver, &c. In the *Insectivora*, as the Mole, (*Talpa,*) or Hedge-hog, (*Erinaceus,*) the molars are studded with sharp points. Certain animals as the *Edentata* have no front teeth; examples of which may be instanced in the Sloth, Armadillo, &c. The canine teeth of the Wild Boar become from their great size and strength, formidable weapons of defence or attack. Some individuals of the Seal tribe, as the *Trichecus rosmarus* (Walrus) have these teeth very long and hook shaped, so that they can drag themselves along upon the shore when out of the water by driving them into the earth. The *Narwal* has no teeth along the margins of the jaws, but a single tusk eight or ten feet in length on the left side projects from the intermaxillary bone. A rudimental tooth exists on the opposite side. In certain Whales, as the (*Balæna mysticetus,*) the gums are beset with vast numbers of closely set teeth. These are not for purposes of mastication, but as the animal subsists largely upon a small mollusc, they serve to strain through the water of the ocean.

The whalebone furnished by this Cetacean is arranged in the form of flat plates in rows perpendicular to each other, like teeth attached to the gums.

The simplest form of the dental organs as they exist in many mammals, such as *Porpoises* and many *Cetaceans*, is that of cones without the distinction of classes, and consisting of ivory alone, filled with a nutritive pulp. The large tusks of the Elephant are composed entirely of ivory, hence their commercial value.

Report of a remarkable Case of Cancer of the Womb, characterized by Periodical Neuralgia.

By John Swinburne, M. D.,

Of Albany, N. Y.

For the history of this case I am indebted to Dr. Geo. M. Teeple, of Sloonsville, Scoharie Co., and to Dr. L. J. Leonard, of Esperance, Scoharie Co. The latter gentleman writes under date of Dec. 28, 1859:

I have in my charge a very interesting case, concerning the treatment of which I wish to ask your advice.

"The patient is a lady of fifty-four years, is married, and has never borne children.

"*Symptoms.*—During the day she feels well, and is able to go about the house, almost free from pain; skin moist, and natural; urine free and normal, except a slight deposit of lithic acid; bowels quite torpid; this is occasioned, perhaps, by large doses of narcotics. Tongue, clean, but granulated; through the centre is a smooth, red surface.

"The pain is located in the pubic, right and left hypochrondriac regions, and commences regularly about five or six o'clock in the evening, and continues three or four hours, ceasing as suddenly as it began. It is accompanied with a sense of bearing down, not unlike the pains of labor. There is great sensitiveness to the touch in the vagina, uterus, etc., even when free from these paroxysms. There is no tenderness over the abdomen.

"I found the vagina inflamed, excoriated, and very sensitive and tender to the touch, with leucorrhœa; the uterus and vagina are more or less prolapsed, the fundus being thrown forward toward the bladder, and the os tincæ toward the sacrum."

This forms the substance of the letter, and from its tenor I diagnosed a simple case of uterine neuralgia of a periodical character; for no mention was made of any morbid condition of the uterus. I therefore advised the use of quinine, in large doses, just before the paroxysm, and small doses during the day; also iron, a generous diet, opiates over os uteri, rectum, and vagina; the bowels to be kept in a laxative state, and stimulants if needed. This advice was strictly followed, and quinine given to the amount of twenty-five grains daily, without changing the periodical character of the disease. The enormous doses of anodynes gave only temporary relief, as will be seen by the following report:

"The generous diet, iron, laxatives, anodynes, etc., did not prevent the constant waste of body, which continued until her death."

In the month of February, 1860, I was summoned to see her in consultation with Dr. Leonard, and upon examination of the case, found all the conditions above detailed, only more aggravated. The vagina and vulva inflamed and tender. The uterus bleeds on the slightest touch, is large, filling almost entirely the pelvic cavity, pressing on the bladder, rectum etc. Some portions of the organ presented the feeling of scirrhus; others, the peculiar, velvety feeling of ulceration, and still others, the soft, pulpy feeling of fungus.

I found the cavity of the uterus, when measured by Simpson's sound, to bleed freely, and its cavity measured about five inches in depth.

After mature consideration of the case, in all its bearings, we came to the conclusion that it was cancer, and hence agreed to follow a palliative course of treatment. We advised the use of morphia by the hypodermic method, and thereby keep the patient as easy as possible during the continuance of her life, at the same time we continued the use of the generous diet, and all the stimulants she could bear.

For the continuation of the report of the case and the post-mortem examination, I shall make no apology for quoting from Dr. Geo. M. Teeple's report of the same.

"In 1855, Mrs. W. ceased to menstruate, but labored under female weakness, (fluor albus,) produced by over-labor, exposure, etc., since which time any great mental excitement would produce slight hemorrhage, and would be followed by leucorrhœa, for a few days only, attended with great irritation of the vulva, vagina, and mouth of the womb. This continued until August, 1859, when she was thrown from a carriage and materially injured about the head, face, hips, anus, with general contusion of the body. From this time she complained of pain in the region of the womb, which would recur every 24 hours; it would commence about eight o'clock in the evening, and continue from two to four hours, when she would become free from pain until the next evening. These pains appeared like, and resembled in intensity, neuralgia. This condition continued for some months, gradually becoming more severe, and the paroxysms longer, until she had no rest, unless under a large dose of morphia.

These paroxysms increased in intensity and duration; and the intervals of ease became shorter until her death, fourteen months from the injury.

At times, the pains were like those attending the first stage of labor; sharp, cutting, and bearing down, through the hips, &c. The leucorrheal discharge increased, with an occasional discharge of bloody mucus, until it became so profuse and offensive, that the bed required to be changed daily.

During all this time there existed obstinate constipation, and though the appetite was at times good, the stomach rejected all stimulants and stimulating food, and retained only light and bland nourishment.

For the last four months, the pains were not so much of a periodical character as when you saw her, but continuous, though losing none of the other characteristics.

For several months before her death she consumed 10 or 15 grs. of morphia daily, in order to obtain any relief or sleep.

Sectio Mortis.—Fourteen hours after death. Present, Drs. L. J. Leonard, Emerson, and myself, Dr. Teeple. Body extremely emaciated. Dark and gangrenous appearance over the caput coli, right lumbar, and right hypochrondriac region, the muscles immediately under the above regions presenting the same appearance as the skin.

Peritoneum adhering strongly to the uterus and bladder.

Uterus was adherent to all the surrounding parts, which were separated only by careful dissection.

Caput coli, portions of the small intestines, descending colon, rectum, bladder, etc., were one complete mass, and adherent front and sides to the abdominal walls, posteriorly, to the sacrum; in fact the whole pelvis was filled to repletion, and involved so completely in the disease that it required the most careful dissection to remove the parts.

The longitudinal diameter of the uterus was six inches. Transverse diameter four inches; antero-posterior, three inches; diameter of the os uteri, one inch; weight of the uterus twenty-four ounces.

Its color was light yellow, with an uneven surface, and distinct nodules, some of which broke on slight pressure, and discharged pus. Body of the uterus, hard, with the exception of the abcesses; os, rigid, and dark colored. The body, when cut, presented masses of tubercles, large and small, some of them in a state of ulceration and containing pus. These masses of tubercle filled up the entire organ; the interstices were hard, like scirrhus. Some of the tubercles had not degenerated much, their contents looking like cheesy matter, while others contained this substance, mixed with pus, and very fœtid.

The ovaries were infected with the same kind of disease, and were adherent to the body of the uterus.

Bladder, contracted, and contained some small calculi, the size of a mustard seed.

The bowels, in the neighborhood of the uterus, were studded with small abscesses. The labia and vagina were smollen and inflamed.

Stomach, contracted, thickened, and situated to the left of the median line.

Liver, spleen, and kidneys, appeared nearly natural, except some points of hepatization.

Lungs, presented much dark grey hepatization of its tissue, and particularly in its lower lobes and superior portion of the upper lobes; otherwise healthy.

Heart, small, and contained a mass imbedded on its external surface, near the apex, which, when cut into, discharged a substance of the consistency and color of the white of an egg."

Remarks.—This very interesting case presents some anomalous characteristics. 1st. The excessive periodical pains, which were not relieved by any anodyne, and its periodicity not mitigated by quinine.

2d. The excessive pain is not, so far as my experience and observation has extended, a concomitant of cancer of the uterus, and without a careful examination would lead the most careful astray. In cases of this character, the speculum and sound are of especial service. In this case there was experienced considerable uneasiness and pain, during copulation, in the organs of generation, even before menstruation had ceased, and after its cessation the pain and soreness increased rapidly, until the receipt of the injury, when the disease made great strides.

3d. There seem to have been present in this patient at least three varieties of cancer. Colloid, in the heart and intestines. Encephaloid, in the uterus, mesenteric glands, and glands of Peyer and Brunner, and probably scirrhus, described as dark, gray hepatization of portions of the lungs, liver, spleen, and kidneys.

The stomach probably partook more or less of the disease, inasmuch as it had rejected its

contents almost continually, and upon dissection was found displaced, contracted, and thickened.

Within a few weeks of her death, the discharges per vaginam were not materially fœtid, as is usually the case in scirrhus or fungus of the uterus. Hence the most careful observer, without the aid of sound and speculum, might have been misled.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries. From the French of Dr. Jules Worms, (Gaz. Hebdomad.,) with an Introduction.

By O. D. Palmer, M. D.,

Of Zelienople, Pa.

I have thought a translation from the *Gazette Hebdomadaire*, of "Historical and Critical Observations on the extirpation of Cystic Tumors of the Ovaria," would not be unacceptable. The author, Dr. Jules Worms, discusses ovariotomy in order to arrive at a more definite conclusion in regard to its legitimacy as a remedy for ovarian tumors. It is not unknown that the French surgeons have heretofore virtually repudiated this operation. The writer endeavors to deduce, from the experience of England and Germany on this subject, a basis on which to erect a safer surgical practice for France. But is it not passing strange, that in the pursuance of this object he should *exclude, in toto*, the American statistics of this operation? The reasons for this singular course will be found in the context. They will not, at least, subject the writer to any suspicion of pandering to American vanity. The author himself appears to think there is some injustice in so absolute an exclusion, an opinion not at all surprising, and one in which many others will be likely to concur. We will venture to bespeak, however, for the sincerity of the author's reasons for this omission, a credence at least as flattering as that he has vouchsafed to American statistics.

One would think that even in France credit might be obtained for the laborious and conscientiously-prepared essay of Dr. George H. Lyman, on the "Statistics of Ovariotomy," a prize essay, crowned by the Massachusetts Medical Society in 1856. The only faults I have seen ascribed to Dr. Lyman's statistics, are of omission more than commission. Dr. Kimball, it is true, alleges that a score or more of his operations could have been obtained, but they never had been published. Dr. Miller, of Kentucky, protests against his having given L'Aumonier and not to Dr. McDowell, of Danville, Kentucky, the priority in ovariotomy. Neither of these objections could have effected the results of Dr. Lyman's statistics, which were a rate of mortality of 40.13 per cent. We are very well aware that, under the centralizing system of Europe, where all merit is aggregated around the capital and court, and more especially in France, where Paris is the Empire, where Parisian institutions control the science of the provinces, it is, doubtless, much less difficult to reduce results to statistics than in our more immature republican system, where the emanations of the same school, alike educated, are endowed with the duties of physician, surgeon, accoucheur, and pharmaceutist, in the same person, and disseminated over a wide extent of country, amenable to no general head, subject only to rules of ethics self-imposed, honor the pledge of their observance, alike independent in country and capital, responsible only to the laws for mal-praxis—where, shall I say it, legislation extends no aiding hand, (unless it be to protect *nostrum-factors*,) nor makes any distinction, often, in the guardians of the health between science and empiricism. This practical indifference in government to public hygiene, encourages pretenders from abroad, and the toleration itself of these, compromises American medicine at their native homes. But, with all these disabilities consequent on the youthfulness and tolerant spirit of our country, Prof. Wood, in a public address after a professional tour through Europe, in which he observed closely medical men and institutions, dared to say "that though the standard of education of medical men in Europe, as a general thing, was higher than with us, American physicians were the best practitioners in the world."

There are eminent men in our country who have discountenanced ovariotomy. Meigs, in his notes on Colombat, concurs with the latter in strong disapprobation of the extirpation of ovarian tumors. The venerable Dr. Channing, of Boston, seems not to approve of it, and gives, in the Boston *Medical and Surgical Journal*, the details of several cases of cure of ovarian dropsy by spontaneous rupture of the sack, and subsequent absorption of water from the abdomen.

Should the voice of the person immediately concerned, when properly instructed of the dan-

ger, and demanding an operation, have influence in determining the question of ovariotomy? Whilst the present writer, two years since, was in the State of New York, he was requested to visit, with a medical friend, in the vicinity of Albany, a spirited woman with an enormous ovarian tumor. This tumor was computed, by comparison of the woman's previous weight with that at the time we saw her, to be not less than 90 lbs. She complained that she had been refused an operation by two surgeons in Albany, and added, exhibiting a slip from a paper giving an account of a successful operation in Ohio, "you Western doctors are more courageous than ours."

Out of the three cases of ovarian tumors in which I have been consulted within the last eighteen months, not one was a fit subject for an operation. The first, a woman who had reared a large family, and aged upward of 70 years, two years since was surprised at the reappearance of her catamenia, which appeared regularly during several months, when she for the first time recognized a tumor above the left groin. This tumor continued to increase, till, filling the whole abdomen and impeding respiration, about 30 lbs. of fluid were drawn off eight months since. I have not seen her since, but am assured she does well. The second case was in a very corpulent woman, the tumor inelastic and irregular. She was also the mother of a numerous family, and upward of 60 years. She died not long after I saw her, very suddenly, from the pressure upon the large blood vessels, of a fibro-cartilaginous tumor. The third is an unmarried woman, aged over 30 years, with an impaired constitution. The tumor has already existed six years, and under treatment with preparations of iodine, progresses but slowly.

I have a general knowledge of the case, but have had no responsibility with it, which presents unusual interest, and which I hope will be reported in full for the benefit of science. I think it has no parallel. A woman, aged 37, who had borne five children, the youngest then ten years old, recognized three years since a tumor in the region of the right ovaria. Some months after, it commenced to increase so rapidly that she was induced to submit to the chances of ovariotomy. Under the effects of chloroform, the tumor was successfully extirpated by a firm of enterprising surgeons in Pittsburgh. The woman recovered without accident, returned to her home, and soon afterward recognized herself to be already advanced in pregnancy. *Seven months from the date of the operation she gave birth to a living and matured child.* Both, now eight months from the birth, are doing well.

I now proceed with the paper of Dr. Worms.

Among the many forms of ovarian tumors, there are a certain number which French surgeons have regarded as incurable, believing they ought not to undertake the *extirpation* of those tumors for which a cure could not be effected by other treatment.

At a recent discussion of the Academy of Medicine, in which the most illustrious and the most competent judges in such matters advanced their opinions, the Academy confirmed the view which the surgical practice of our country has for a long time consecrated as law. There was, however, a voice heard in the Academic tribune itself, seeking to defend ovariotomy, or, at least, endeavoring to prevent its being condemned absolutely. It is known that this operation has been two or three times performed in France within the last few years. But these exceptions, practical and theoretical, have found no imitators, and we are well authorized to say that in France the extirpation of ovarian tumors is not recognized as among the number of *legitimate operations.*

In the face of so formal a decision, we experience serious embarrassment in delivering an opinion on what is passing in foreign countries, where ovariotomy is practiced quite frequently by very respectable surgeons. We must, however, acknowledge that the accounts of these bold operations are very seldom republished in France, and when the contrary obtains, they are only to be found in extracts, very brief and incomplete, in regard to the most important points on this grave subject; and it is not, most assuredly, mere superficial notes that can modify scholastic opinion very positively expressed against this kind of operation.

But if we study the original accounts of these operations performed in America, England and Germany, we cannot help according some value to the arguments which have frequently been advanced in these countries for the purpose of legitimatizing this bold proceeding, and in many cases add faith to the precision of the facts announced. The least we can do, therefore, is to examine them, in view of the interests of science and truth, with rigor it may be, but without prejudice.

Many times already has the attention of the

French been called to the general results indicated by the surgeons of other countries on the subject of ovariotomy. In this species of conscientious labor authors have attached themselves particularly to the statistical side of the question.

It is true that we may receive from accredited tables of statistics, based on a great number of facts, much instruction, granting that all the cases cited are equally authentic and given in detail, and that we can be sure that the unsuccessful cases have been recorded as conscientiously as the successful.

Unfortunately, this basis for a rigorous deduction is very often wanting, and we can do better, it seems to me, to study the question itself, than to be dependent on an appreciation of figures.

But whilst limiting the importance of these statistical tables an intimation of the results presented by them up to the present time is not destitute of interest. There are many documents of this nature in existence, but we may consider the resumé of Dr. John Clay, of Birmingham, Eng., contained in the Appendix of his recently published translation of Kiwisch on ovarian disease, as the most complete enumeration of the known cases classified and verified at their sources.

All the cases of ovariotomy that belong to science, whether completed or attempted, are distributed in separate tables, *according to the result of each operation.* The historical details of each case are figured in the columns, indicating the date of the operation, the name and residence of the operator, the age of the patient, the progress of the disease, the state of the patient at the time of the operation, the method of the operation, the employment of anæsthetics, the length of the incision, the existence and nature of the adhesions, the manner of fixing the pedicle, and the occlusion of the wound; the examination of the tumor extracted, the symptoms or affections following the operation, the final issue, in short the historical data of the source of each case.

The observations connected with each of these divisions are occasionally wanting, but for the most part they are given with much detail.

The first table includes 212 cases of complete extirpation of the tumor of one or both ovaries, followed by permanent cures of the patients.

The second table contains 183 cases of complete extirpation, followed by death.

The third presents 24 cases of partial extirpations of ovarian tumors, of which there were 10 cures and 14 deaths.

In the fourth are given 13 cases of extirpation not ovarian, of which 11 were uterine, 1 mesenteric, and 1 tubular. Death followed rapidly in 10 out of the 13 cases.

The fifth table presents the history of 82 operations, which could not be terminated on account of the existence of inseparable adhesions. The 82 attempts caused 24 prompt deaths. The 58 remaining patients survived under the conditions following: 10 were still living at the time of publication of their histories, several years having passed since the operation; 2 had become mothers, 12 had died at six months, 5 after a year, 4 after two years, 2 after three years, 1 after four years, and 3 after six years. No intelligence existed of the fate of 24 patients.

The sixth and last table comprehends 23 operations, not terminated in consequence of the tumors not being of the ovaries; 12 being formed by the uterus, 1 by the spleen, 2 by the epiplöon, 1 by an extra uterine fœtus, 1 by the mesentery, 1 by the peritoneum. In four cases the nature of the disease was not ascertained.

Of the 23 women, 16 survived for some time the attempt to operate.

According to the statistics of Dr. Clay, the general summing up of the results, as far as up to March, 1860, of all the cases of extirpation accomplished or attempted, in the 537 known cases, the balance sheet would exhibit the following: 212 definitive cures; 183 deaths in consequence of the extirpation of tumors of this nature; 82 cases in which the surgical intervention has been insufficient to modify the disease, but has not hastened death; 55 cases in which the attempt alone to perform this operation has had a fatal termination.

Succeeding these general tables are found calculations founded on the figures, in which are inspected the progress and duration of the diseases, the preceding treatment, the different operative methods in relation to the issues of the operations. All of these considerations will be examined in their course.

Taken in the whole, the work of Dr. John Clay is certainly the most complete and exact statistical monument existing in the science, and should be consulted by all who wish, in order to solve the problem, to examine a list of the entire known cases of ovarian extirpations.

That I might determine the degree of legitimacy of ovariotomy, and study the operation in

all its phases, I have thought it better not to confine myself to the results of extended but unequal statistics, but to choose from among the published cases those distinguished for their greater accuracy and more evident authenticity, and then to receive, as a point of departure in the discussion, the most certain of these facts.

Almost the totality of the cases known are of American, German, and English origin.

In examining their value in reference to geographical distribution, we already find reasons that should restrain our choice.

(*To be continued.*)

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Ludlow.

CHRONIC DYSENTERY.

The patient, a middle aged man, was brought into the hospital in a perfectly prostrated condition; he had copious bloody dejections obliging him to get up three or four times during the night—constant tenderness over the abdomen, tenesmus, and a small, soft, frequent pulse.

The treatment consisted, first in the administration of stimulants to rally him. Sugar of lead and opium were subsequently given internally, and enemata of the same administered. The disease continuing, aromatic syrup of galls was ordered. This, Dr. Ludlow has used frequently with good success. It is prepared by taking good brandy, as much as an ordinary saucer will hold, dissolving in it one drachm of tannin, and permitting sugar to melt into it, while a considerable portion of the alcohol is burned off. It has been used in this case with some good effect.

The patient, however, did not recover entirely under this treatment, and as the disease, in consequence of its long standing, has very probably led to some ulceration of the bowels, nitrate of silver, which is very efficient in such cases, was prescribed, and under it the patient has much improved, the discharges having become less in frequency, more favorable in their nature and tenderness, and tenesmus having to a great extent subsided. This, of course, was combined with a proper, nourishing, but bland diet, and perfect rest, matters of great importance in this disease.

Dr. Ludlow, in his remarks upon the treatment of chronic dysentery, stated that he had seen very excellent effects from the administration of the Oak Orchard water, a spring at Lockport, N. Y., whose astringent and tonic properties were frequently very decided in these cases.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Dr. Pepper.

PROGRESS OF CASES: VALVULAR DISEASE OF THE HEART.

Dec. 11. The lad who had presented himself three weeks ago, at the clinic, (see Rep. Nov'r 24, p. 200,) with valvular disease of the heart, reports himself, his symptoms somewhat improved. He is not now aware of palpitation unless he places his hand over the heart; there is no increase of the dulness on percussion, and the bellows sound is feebler than three weeks ago. The former treatment, consisting of the fluid extract of wild cherry bark with tincture of digitalis, is to be continued as before. It just restrains the heart's action without rendering it irregular.

HYSTERIA FROM DYSMENORRHŒA.

The patient, a young woman 17 years of age, in apparently very good health, presents various nervous symptoms, which cannot be traced, however, to any serious organic disease. She commenced to menstruate at eleven years, regularly; but the catamenia have always been very light colored and scanty. Since her thirteenth year she has been subject to what her mother calls "smothering spells," with paroxysms of cough, dyspnœa, and paroxysmal pains in the side, and convulsions.

These symptoms come on, or are aggravated, at the time of the menstrual nisus, and are evidently connected with imperfect menstruation.

Treatment.—A tonic and laxative pill to bring on the periodical discharge more abundantly. Though the patient's complexion is good, and there appears to be no want of red globules, the fibrine may be diminished. In a plethoric person it would be necessary to subdue the system, but here such is not necessary, as there is only want of action.

She will be ordered to take a pill every night during the interval between the catamenial periods, consisting of sulphate of iron, white turpentine and arrow root, one grain of each.

When the cough is very severe, and convulsions threaten, she may take tincture of valerian with Hoffman's anodyne in proper doses.

TWO CASES OF SKIN DISEASE.

Case 1.—The first patient is a woman, 22 years of age, who has been in bad health, unable to work for the last four years. During

nearly the whole of that time she has had an eruption, which, however, at present, does not present a sufficiently characteristic appearance to enable us to classify it positively. This is often the case in old chronic diseases of the skin.

Treatment.—As it is evident that in this case the skin disease depends upon a deterioration of the general health, no local treatment would cure her. She must be treated constitutionally. It is best, in these cases, first to act on the kidneys and alimentary canal by gentle diuretics and laxatives; afterward tonics are to be resorted to, and when the system has been tolerably renovated, remedies may be applied specifically to the skin disease, such as Donovan's solution. At the same time applications should be used externally. Dr. Wilson uses cold water first, and afterward ointments, such as the unguentum zinci oxidi. In more advanced stages more stimulating ointments must be used, and one of the best is tar ointment; unguent. hydrarg. protoxid.—8 grains to ℥j of cerate, is also a good application.

In the present case we shall prescribe one grain of quinine with three grains of carbonate of iron, to be taken before meals; also, Fowler's solution, in five drop doses after the meal. Arsenic must not be given on an empty stomach. Keep the skin in a healthy condition, and use mucilaginous baths before commencing the local treatment. She should use soda baths occasionally.

Case 2.—This patient is an old lady, with an eruption on her arm; she had it last year, when it went away; but has of late returned. It is a case of chronic eczema. The treatment is to be precisely the same as in the first case, except that the part should be washed with liquor plumbi acetatis—gr. x to f℥i of water; there is a discharge from one part of the eruption which should be dressed with unguent. zinci. oxidi.

SURGICAL DEPARTMENT.

Service of Prof. Henry H. Smith.

Reported by J. J. Woodward, M. D.

FOUR CASES OF CANCER.

Case 1.—*Ulcerated Scirrhus of Right Breast—Palliative Treatment.*—An Irish married woman, forty years of age, presented herself October 17th, laboring under scirrhus of the right breast. The whole breast was affected, being smooth, rather larger than normal, of stony hardness, adherent to the pectoral muscle and to the skin. The nipple was not retracted, but, on the contrary, was prominent, hard, and increased in size. Near the border of the axilla was an ulcer about the size of half a dollar and more than half an inch deep in the most central point; it was lined by a grayish slough, and gave issue to an ichorous discharge. Numerous shot-like bodies in the skin surrounded this ulcer, showing an extension of the affection to the integuments. The disease had originated more than a year previously, but ulceration had only set in about three months ago. The general health was, as yet, apparently but little impaired.

Prof. Smith said that he was not disposed to recommend the extirpation of the breast to this patient, although she was prepared to submit to it, if thought advisable. The rapidity with which the growth had developed itself, rendered it probable that such an operation would be speedily followed by a return of the affection. Much might be done, however, by judicious local and constitutional treatment, the effect of which, in numerous cases under his observation, had been to postpone the fatal issue for many months, or even for years. He would therefore recommend a nutritive diet and free use of chalybeates, as formerly advised by Justamond of London, while the breast should be supported with a bandage, and the ulcer dressed from time to time with powdered sulphate of zinc, diluted with equal parts of powdered gumarabic.

The patient was then handed over to her family attendant and has not since been at the hospital.

Case 2.—*Medullary Cancer of the Left Breast.—Extirpation.—A. M.*——, a light mulatto girl, aged 18, first presented herself at the hospital in March, 1860. She suffered at that time from a tumor involving the whole of the left breast, which was about the size of the head of a child six years old. This tumor was moderately hard, elastic, slightly lobular, and moderately adherent to the skin, but not to the pectoral muscle. The nipple was flattened out but not retracted. The superficial veins were greatly enlarged. It was not painful and had first been noticed about a year before. The general health was good, and menstruation regular. The axillary glands were not involved. Professor Smith regarded the case at this period as one of soft, or medullary cancer. An operation being not then deemed advisable, the treatment consisted in the use of a suspensory bandage, (the breast having been first covered with soap plaster,) and the internal administration of chalybeates. This treatment was continued during the summer, the tumor gradually increasing to once and a half the size presented when first brought to the hospital. As, however, it had not become adherent, or ulcerated, and as the general health remained good, it was determined to relieve the patient of her unwieldy burthen, and of the extensive sloughing that would ensue on its ulceration, by an operation.

Accordingly, October 6th, 1860, Prof. Smith removed the growth in the usual way, making two elliptical incisions, reflecting back the skin, and then dissecting the tumor from the pectoral muscle. Several good sized vessels were ligated, and the wound closed by the silver suture.

The wound healed comparatively slowly, an abscess formed in the under flap which required to be evacuated October 26th, giving exit to several table-spoonsful of pus, but by the 20th of November cicatrization was complete, and at present (Dec. 27th) there is no induration in the neighborhood of the scar, nor any sign of internal disease. The growth removed presented, on microscopical examination, the usual anatomy of medullary cancer.

Case 3.—*Scirrhus of the Left Breast—Extirpation.*—*B. D*——, a married woman, childless, 47 years of age, no longer menstruating, was presented at the hospital October 24th, 1860, laboring under a hard tumor in the left breast, about the size of an English walnut, and situated obliquely upward and outward from the nipple. The tumor had been first noticed seven years ago, and had gradually increased to its present size. It was the seat of occasional stinging pains. The nipple was not retracted; the axillary glands were not involved. The skin covering the tumor was normal in appearance, and not adherent to it, and the tumor itself was quite moveable.

Prof. Smith extirpated this tumor in the usual way October 24th, 1860 The wound was closed with the lead suture, healed kindly, and the patient was discharged from the hospital Nov. 1860.

Case 4.—*Medullary Cancer of the left Temporal Region and of the Eye—Palliative Treatment.*—M——, a little girl, about five years old, of German parentage, was presented at the hospital November 7th, 1860, suffering from a most distressing, and comparatively rare form of cancer. The left temporal region was the seat of a smooth, somewhat irregular, elastic livid tumor, the size of a large orange, encroaching anteriorly upon the eye, which was displaced forward with an opaque cornea, the sight being quite destroyed; encroaching, also, posteriorly upon the ear, which was beginning to be displaced backward. The disease was first noticed in February, 1860, as a small, immoveable, smooth tumor just above the zygoma, and in front of the ear. The eye had remained normal, and the sight good, until the summer of this year, when it had gradually been involved. The child was plump, but pale; it did not complain of pain, and had not as yet presented any well marked constitutional disturbance, although the local affection was progressing so terribly. An operation was of course quite out of the question. Prof. Smith recommended the tumor to be covered with soap plaster, and the internal use of chalybeates as palliative measures.

The advantages of the chalybeate treatment of all cancer, was fully explained.

JEFFERSON MEDICAL COLLEGE.

Service of Dr. Gross.

RAPIDLY RECURRING CANCER OF THE BREAST; EIGHTEEN OPERATIONS IN THE COURSE OF THREE YEARS AND A HALF; THIRTY-FOUR TUMORS REMOVED.

This highly interesting case was brought before the class on the 15th of December. The patient, an unmarried servant woman, forty-four years of age, whose menstrual functions were performed regularly, had been operated upon for encephaloid cancer of the left breast, on *seventeen* previous occasions, *thirty-four tumors* having been removed by these operations. About three years and a half since, the first tumor made its appearance, and was extirpated by Dr. Atlee in October, 1857, four months after the first symptoms of the disease had been observed. The second tumor soon began to develope itself, and was removed in nine months. In a few weeks the third tumor commenced to grow, and was excised in seven months.

In May, 1859, when, through the kindness of Dr. Russell, the case came under the notice of Prof. Gross, a fourth tumor had made its appearance. As in the first three operations the gland had been but partially removed, Prof. Gross decided to extirpate not only the tumor, but all what was left of the affected gland. This was done in the same month, four months and a half having elapsed after the last operation. Until then, the tumors had never chosen the cicatrices of the former operations for their seat. After the fourth operation, however, the cicatrix became the seat of the disease; a tumor formed in the upper angle of it, and rendered a fifth operation necessary, which was performed in September of the same year, about three months and a half after the previous operation. Soon afterward the lower angle and middle part of the old cicatrix became involved by tumors, which, enlarging at a rapid rate, rendered interference with the knife again necessary, although but two months had elapsed since the performance of the last operation. The tumors were removed by Professor Gross, in the presence of the class, on the 5th of November, 1859, this being the sixth operation performed within twenty-six months.

The case was now given in charge of Dr. Asch, assistant to the surgical clinic, who, during the thirteen months which have elapsed since then, performed eleven operations at intervals of various length, the shortest being two weeks. The operations were always performed immediately after the appearance of the tumors, in consequence of the irritation produced by them.

The last tumor has been removed about nine weeks ago. The present new growth has appeared within the last two weeks, and has now attained about the size of a hen's egg. It presents the character of a fungus, protruding beyond the surrounding level. It is soft, discolored, and the seat of a thin, fœtid discharge, and has shown but little disposition to bleed. The neighboring lymphatic glands are not involved in the disease. The skin around the tumor is red from the discharge. The silver sutures, which have been used at former occasions, have given rise to apparent cheloid tumors, little round elevations in the cicatrix.

All the tumors which had been extirpated at an earlier period of the disease, were tuberculated, firm, and compressible, and inclosed in an imperfect cyst, formed by the condensation of the surrounding cellular tissue. There was no retraction of the nipple. The subcutaneous veins were enlarged, and the tumors were, like the present one, the seat of sharp, shooting pains, extending to the shoulder.

The general health of the patient has always been good. She has always made good recoveries from the operations, except after the removal of the gland, when she was ailing for some time; but she is now gaining flesh, and weighs as much as ever before. There is no cancerous disease in the family.

Operation.—Professor Gross removed the morbid mass by two elliptical incisions. Several small arteries, which gave rise to considerable hæmorrhage, were immediately secured by ligatures. All of the diseased tissue which was left in the wound was carefully scraped away. The muscular fibres, remnants of the pectoral muscle, were found to be much softened; the ribs, however, were perfectly sound. The wound resulting from the operation being very large, approximation of the flaps could only be effected by dissecting them off, to some extent, from their adhesions. After leaving the wound open for some time, to guard against secondary hæmorrhage, the edges of the wound were brought together by silver sutures and adhesive straps. A part of the wound had to be left to heal by the granulating process, which, after former operations, had always readily taken place. Compresses and a bandage were applied in the usual manner.

NEW YORK HOSPITAL AND CLINICAL REPORTS.

TREPHINING IN EPILEPSY.

The boy upon whom Prof. Van Buren operated by trephining a short time ago, for epilepsy, re-appeared at the clinique. He had had no paroxysm for three weeks; whereas, before the operation, he used to have returns every week. Dr. Van Buren said that notwithstanding the apparent improvement, we were not justified, as yet, in assuming that a cure had been made, particularly as no abnormal local condition had been recognized. The wound had healed very nicely. If the operation should ulimately prove to have done the patient no good, it could do him no injury; and the chances had been so favorable, that the operation was fully justifiable, the risks being very small indeed. It was by no means certain, however, that the fits would return.

The operation of trephining, he remarked, was comparatively a very simple and harmless one. The popular idea as to its seriousness was due to the fact of its being frequently performed in cases fatal from their very nature—wounds of the brain, etc. He had operated, or assisted in operating, in at least ten cases, and had, as yet, seen no ill effects result.

PUERPERAL FEVER—POST-MORTEM APPEARANCES.

A post-mortem examination was made at Bellevue Hospital upon the body of a woman who had died, the day before, of puerperal fever. She was only fifteen years old, a primipara, and very slight and delicate in physique, apparently not at all calculated to withstand the shock of any severe attack of disease. She had been treated in accordance with Dr. Barker's plan detailed in the last number of the "Reporter," by which the ratio of mortality had been diminished in Bellevue, by at least one half, as compared with that of epidemics in hospitals generally. The patient died with very few symptoms of local complications, there seeming to be a pure incapability of the system to bear up under the depressing influence of the toxæmic agent. The pulse had been at first controlled by veratrum viride completely; but this remedy at length failed to be efficient. Free stimulation was employed toward the last, six drachms of brandy being given every fifteen minutes, and she was apparently by these means kept alive for two or three days, by force, so to speak. As much nutriment was ingested as practicable. She had been kept under the full influence of opium, to guard against peritoneal complications.

There was found a good deal of tympanitis, and a dull leaden hue of the peritoneal covering of the intestines and abdominal wall, due to capillary venous congestion, and illustrating in a beautiful manner what had been said by Dr. Barker in regard to venous congestion of the capillary rete in this disease, as opposed to an analagous arterial condition. The intestines were of so dark a hue, as to present, in some portions of their extent, an almost gangrenous aspect. There was a large quantity of pus in the abdominal cavity, looking not unhealthy, and bathing all the viscera. The intestines were all strongly glued together, and firm adhesions

existed between them and the peritoneal covering of the abdominal parietes. A small abscess was noticed, walled by adhesion of the intestines to the abdominal walls. The uterus was firmly adherent to the walls of the abdomen, and to the viscera, and a small abscess was found in the anterior wall of the vagina. The walls of the uterine cavity, together with the cervix and os, were in an intensely congested condition, the latter being very dark colored indeed, and giving an extremely offensive odor. The uterus was quite small, considering the disease, and no pus could be discovered in the sinuses on section. The liver was large, firm, and pale, the latter condition not being due to fatty degenerescence. It contained no purulent deposits, the only peculiarity about it being the exsanguine condition. The lungs were healthy as to purulent deposits, congested, however, and somewhat œdematous. A small quantity of serous fluid was found in the pleural cavities. C.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

(*Concluded from last week.*)

CANCER OF MAMMARY GLAND—CASES—DISCUSSION.

Dr. Parker presented a cancerous mammary gland, a cancerous lymphatic gland from the axilla, and a portion of skin with tuberculated formations upon it, likewise presenting the cancerous character. These specimens were removed a few days before from the person of a woman, 35 years old, who had been under his charge two years and a half before, at which time a small tumor was removed from the left breast. This tumor was of a simply fibrous nature; none of the characteristic features of carcinoma could be detected by the microscope.

The patient remained well for two years, at the expiration of which time (six months ago) she began to experience pain in the breast in the neighborhood of the cicatrix, and a firm solid tumor began to form, accompanied by firm contraction of the nipple. At the same time a small tumor began to form in the axilla, and a suspicious looking tuberculated point was observed in the skin.

In all three specimens, the specific cells of carcinoma appeared under the microscope. There was no trace of the cancerous diathesis in the family of the patient. The interesting feature of the case was the appearance of a malignant tumor in a cicatrix marking the seat of a former one of a benign character. No exciting cause could be made out.

Dr. Clark asked Dr. Sands to give the particulars of the post-mortem examination.

Dr. Sands said he had assisted in it, and had no doubt whatever as to the non-cancerous nature of the first tumor. There had been no written record made of the case.

Dr. Clark said the only chance of mistake lay in trusting to the memory, in the absence of a written record. It was very easy, in such cases, to confound one case with another.

Dr. Sands replied that he was pretty clear in his memory in regard to the case.

Dr. Parker said, in reference to the primitive tumor, that it was carefully examined after removal, and the opinion expressed to the patient that she would have no return of the disorder. No note was made of the microscopic appearances.

Dr. Sands said he would like to inquire of Dr. Clark whether his memory served him in the recollection of any similar case.

Dr. Clark replied he could not recollect one. He had known, in rare instances, a fibrous tumor of large size take on the cancerous character in some one point. Two instances of this occurrence were present to his mind. He could recollect nothing approximating more nearly to a parallelism with the case related by Dr. Parker.

Dr. Sands said that, within two or three years, Dr. Watson had exhibited a malignant tumor which had made its appearance in the spot from which one of a benign character had been removed some time previous.

Dr. Krakowitzer recollected a similar case.

Dr. Buck recollected an instance in which cancerous development had taken place in a tumor of the mammary gland, at first benign. The tubercular diathesis prevailed in the family of the patient, and the tumor was at first thought to be of a tuberculous nature. On removal, which took place eleven years ago, it was found to present all the microscopic evidences of cancer. The patient has been in good health ever since.

Also, an instance in which a tumor of nineteen years standing, some months before removal, changed its character altogether, assuming a carcinomatous form. It was removed a year and a half ago, and the patient has been in good health ever since.

Dr. Clark objected to the assumption, in these cases, that the small tumors, as they had advanced, had taken on the cancerous character. We were not authorized to say they were not essentially cancerous at first. The assumption that a tumor had changed its essential character, needed to be received with some caution. If this could be determined at all without the aid of the microscope, no one was more capable of doing it than Dr. Parker. In the case related by Dr. P., it was shown, by so positive an evidence as that of the microscope, that the first tumor was non-cancerous, and that the secondary growths were cancerous, it was the most unequivocal case of the kind he had ever known.

Dr. Wood said it was commonly known that

tumors of the breast frequently assumed a scirrhous hardness, remained in that condition for years, and were ultimately removed, proving cancerous. Dr. Clark took it for granted that the microscope was the only test. He had a case living upon whom he had operated eleven years ago, the first case in which he had used ether. Another living from whom he had removed a sero-cyst, with a fungous growth upon its wall. These were cases of carcinoma, if the microscope was to be depended upon. He was not sure, however, that they were.

Dr. Clark said there could be no rational doubt as to the fact that malignant disease of the breast often did not return for a long time. He knew of a lady, 80 years old, who was in the enjoyment of as good health as usual with ladies of her age, who had a cancer removed in 1834. No return had as yet taken place. In another case, a cancerous mamma was removed by Dr. Moore. The patient enjoyed good health afterward for nine years, at the expiration of which period the other breast began to enlarge, and was removed. Other tumors soon made their appearance, and within the year life was destroyed by external and internal cancer. In this latter case there could be no doubt as to the cancerous nature of the first tumor. He related these cases to show that he was aware of the long delay, often, of cancerous tumors. Delay was not by any means a proof of benignancy.

Dr. Wood said he had encountered his share of the cancerous mammæ, and, with three exceptions, there was not a patient living upon whom he had operated for the disease more than two years ago. He thought this was also about the experience of his neighbors.

Dr. Parker said his experience was about to the same effect. Very few patients survived more than two years. In two exceptional cases, which had come under his observation, the patient had lived in one, three years; in the other, ten. In the latter case, the tumor began as a small, hard mass. It was questionable with him whether we were authorized in giving a more favorable prognosis in such cases.

Dr. Bibbins said Dr. Knight, of New Haven, had removed a recurring tumor regarded as cancerous, (he did not know whether the microscope had been resorted to or not,) four times. The patient lived nineteen years after the first operation, and died at length of the disease.

Dr. Krakowitzer said the only case of which he was cognizant, nearly parallel with that related by Dr. Parker, was one in which a tumor was removed five years ago, having every external appearance of scirrhus. On section, it looked like a very hard lipoma, and on microscopic examination was found to consist of a fibrous net-work, with the inter-spaces filled by fat cells. It recurred in a decidedly carcinomatous form.

He said we often found a supposed cancer to be merely a certain form of chronic inflammation.

Dr. Gouley related a case in which the removal of an ordinary ulcerative lipoma was followed by the appearance of fungous disease, evidently malignant, in the cicatrix. A microscopic examination was made of the first tumor, and it was found entirely non-malignant. No similar investigation was made as to the nature of the secondary disease, but there could be very little doubt as to its malignancy, it having all the characteristic appearances of such disease.

Dr. Parker said he supposed Dr. Clark would admit that a tumor might be at first benign, and subsequently become cancerous.

Dr. Clark said he had seen but two cases which seemed to favor such an hypothesis, and therefore was hardly prepared to admit it unequivocally.

Dr. Parker spoke of the frequency with which ordinary moles assumed an indubitably cancerous form, after having remained passive and quiescent for years. He related illustrative cases, in one of which death occurred from the extension of disease from what had been a mole on the foot to the lymphatic glands of the groin, etc.

FRACTURE OF THE ANATOMICAL NECK OF THE HUMERUS.

Dr. Buck presented a specimen on behalf of a candidate, the like of which, he said, we rarely had an opportunity of seeing.

It was one of fracture of the anatomical neck of the humerus, very near the line of insertion of the capsular ligament, the line of fracture being partly within the capsule and partly on the line of its insertion. Firm adhesion had taken place. The patient, a well-developed Irishman, had, while intoxicated, fallen from the platform of a staircase to the floor beneath, striking on his shoulder. He was taken to the New York Hospital, and the fracture there diagnosed and treated. The fracture was very directly in the line of junction of the head of the bone with the shaft, and at the bicipital groove crossed obliquely so as to take in the lesser tubercle, which latter was displaced so as almost to convert the groove into a complete canal.

Dr. Wood asked where the proximal extremity of the long fragment presented?

Dr. Buck replied there was very little displacement whatever.

Dr. Wood asked Dr. Buck how many cases of intra-capsular fracture of the humerus he had seen in his hospital practice.

Dr. Buck replied that he could recall but two or three, the one he had just presented before the Society being, to the best of his recollection, the third.

Dr. Hutchinson exhibited the head of an ulna taken from a lady 30 years old, who had received a blow upon the olecranon process. This injury was followed by inflammation, abscess,

necrosis, and exfoliation. An opening was made, and all the dead bone removed. The wound thereupon healed up, but soon re-opened. This process was repeated several times, all the dead bone being removed on each occasion, until at length it became expedient to remove the head of the ulna entire. The patient was doing well.

In reply to a question, Dr. H. stated that the articular extremities of the humerus and radius were free from disease.

The Society then adjourned. C.

NEW YORK ACADEMY OF MEDICINE.

A stated meeting of the Academy was held at the University, on Wednesday evening, December 19th, the President, Dr. Watson, in the chair.

Proceedings were commenced before a full quorum had assembled.

The report of the Committee on Ethics was read by the Assistant Secretary, Dr. Hinton.

INTERNAL APPLICATION OF OINTMENTS—CATALOGUE OF MUSEUM OF NEW YORK HOSPITAL.

An instrument for the application of unguents to the interior of the rectum, was offered by the President for inspection. It consisted of a cup for the unguent, a piston with a thread and screw arrangement, etc., the intention being to force the unguent through a tube, and through openings made in its sides. The instrument had been sent to him for the judgment of the Academy.

Dr. Watson also exhibited a book, just printed but not yet published, a descriptive catalogue of the specimens in the Pathological Museum of the New York Hospital, the work of Dr. Robert Ray. The work was modeled, in its divisions, classifications, etc., somewhat after an analagous catalogue of Guy's Hospital Museum, London. A complete history of each particular specimen was given, each statement being vouched for by the specimen in the Museum. Dr. Watson regarded the book as being the best work on Pathological Anatomy this country had as yet produced. An edition had been printed for the hospital, large enough to last until a new catalogue should be rendered necessary by the rapid growth of the museum. He had proposed that a copy should be presented to each member of the Academy, and the proposition had been acceded to. He had, in consequence, two hundred and fifty copies in his office ready for the requirements of members. He suggested that a vote of thanks be passed, and that they should take it upon themselves to distribute copies to the various hospitals, museums, and medical journals throughout the country. He suggested that the Academy should take action recommending the Council to attend to the matter.

Prof. Gardner remarked that this was the first donation of any magnitude made to the Academy by any one without its pale, and suggested that a rôle of honor in relation to the Academy be established, under the style of Benefactors, and the name of the donor placed therein. He moved the matter be referred to the Council, that it might make some suitable acknowledgment of obligation.

The motion was seconded, and carried unanimously.

IDIOPATHIC TETANUS—CANNABIS INDICA.

Dr. McNulty said that in the last number of the London *Lancet* he had noticed a report of two cases of idiopathic tetanus in India, treated with cannabis indica. One recovered in ten days, the other died. The latter was the son of a physician. The spasms had ceased, the patient had begun to walk about, and was considered convalescent. The attending physician received a call one evening, (having seen the patient the day before,) the statement being made that he was worse. He did not go immediately, thinking there was no particular necessity for haste, and when he arrived, about an hour after having been called, he found the patient dead. He had been seized with spasm of the glottis, and died of apnœa. This case illustrated a tendency to relapse which had been observed. Stimulants, nutritious food, antispasmodics—assafœdita, and turpentine as enemata—had been employed in addition to the cannabis indica, and it was a question to his mind, whether the recovery was due to the use of the latter, or to the employment of the other means.

Prof. Gardner observed that at the last meeting of the National Medical Association at New Haven, a gentleman from Wisconsin, member of the section on Practical Medicine and Obstetrics, had read a paper on tetanus connected with the puerperal condition. He reported forty or fifty cases of that nature: four or five in his own practice, sixteen from that of Prof. Simpson, of Edinburgh, and one from the practice of Dr. Storer, of Boston, who (the latter) was present, and made some remarks. The gentleman was requested to continue his investigations. The paper he believed was not printed. He thought the question as to whether the disease was more frequent in some localities than in others, one of extreme interest. A gentleman had informed him that it was very common in some portions of Long Island. A child had been brought to the Charity Hospital, with tetanic spasms consequent upon a slight fall. Marked opisthotonos was present. Four hours before death there was, apparently, no pain nor trouble of any kind; the patient spoke some

words distinctly. Death occurred during a severe paroxysm. The treatment employed was opium in large doses.

Prof. Raphael remembered a case in his practice which recovered after taking large doses of cannabis indica, in connection with stimulants. The case occurred eight or nine years ago. There was decided opisthotonos, but not that rigidity often met with in tetanic spasms. He had treated other cases in a similar manner, and failed in effecting a cure. Out of forty or fifty cases, he had only seen two recover. The case he had just mentioned was one; the other was a case in which the affection had supervened upon ulceration of a limb. He had read a paper detailing it. The treatment was assafœdita both by the stomach and by enema, and carbonate of iron in tablespoonful doses. These were the only cases he had seen recover, whatever the plan of treatment.

CURIOUS CASE OF CEREBRAL TROUBLE IN A CHILD.

Dr. McNulty said a case was brought to his mind, of a child in whom there seemed to be indications of cerebral trouble. The symptoms did not, however, seem to be those of hydrocephalus. There was stupor, which, although the patient could be aroused, would immediately thereupon return. There was no nausea, and the pupils were active. Still the impression left upon the mind was that there existed some encephalic mischief. Fever was present, an exacerbation recurring toward evening, and a subsidence in the morning; a slight degree of it remaining throughout the day. One evening, after having left the patient somewhat better, he was summoned in haste by the father. He found the pulse had sunk from 115 to 60. There were then indications of rallying, the patient being better than when the father had left it to summon him. Incipient hydrocephalus was diagnosed upon consultation. This was on Wednesday evening. On Saturday morning the patient had so much improved as to be considered convalescent. Death occurred next day at two o'clock. Decided evidence of pneumonia of the left lung, and also of one lobe of the right was found. After death a significant fact was discovered. It was this:—while under charge of a nurse, the child, while sitting in a chair at a table, had fallen backward and struck upon the posterior part of the head. He thought cerebral trouble in children was often due to accidents of this kind, owing to the carelessness of nurses.

(A quorum having by this time assembled, the minutes of the preceding meeting were read by Dr. Hinton.)

Dr. Watson agreed with Dr. McNulty in reference to the frequency of cerebral disease among children, arising from falls. It was important to distinguish such cases from those of tubercular hydrocephalus.

Dr. McNulty said he thought many cases of supposed tubercular disease were entirely of traumatic origin. In such cases, even although fatal, it was often a great consolation to the family to be assured the disease was not of extraneous origin. In several instances he had been enabled to remove, in this way, the apprehensions of parents as to a scrofulous taint in their family. Such cases sometimes recovered. About sixteen years ago he had under his care a child who had fallen backward out of a chair while looking out of a window. All the symptoms of acute arachnitis supervened. The patient laid for two or three weeks entirely insensible, and for two years was scarcely able to stand. Ultimate recovery took place. He related several cases in which he had had the satisfaction of assuring the family that the trouble was not owing to a strumous diathesis.

TETANUS IN CHILDREN FROM PREMATURE OSSIFICATION OF THE SKULL.

Prof. Gardner spoke of a case related by Dr. Jacobi, in which well marked tetanic spasms came on immediately after birth. The diagnosis was, that the bones of the skull had become ossified prematurely, and the affection produced by the resulting constant pressure made upon the rapidly growing encephalon. The child, he said, would probably soon die, and a post-mortem examination would then be made.

Also, of another, which occurred a short time ago in a child soon after birth. It was the first child, the family lived in affluence, and there was no apparent reason why the child should not have been perfectly healthy. On the morning after confinement the nurse noticed a peculiar twitching about some of its muscles. The next day one or two spasms occurred. They soon became very frequent, recurring, for about a week, regularly every ten minutes. The child took the breast to some extent, and there was no obvious cause for the affection. After the lapse of a week, it went under the care of a Homeopathist, and afterward under that of various other irregular practitioners. The spasms continued to recur, under every form of treatment, perhaps a little less frequently toward the last, and the patient died at the age of three months. Dr. Jacobi was of opinion that there existed a clot upon the brain.

EXTENSIVE TUBERCULAR DEPOSIT IN A CHILD.

Dr. Watson said it was not always safe, where in cases of encephalic disease clearly traceable back to injuries as exciting causes, to state that tuberculosis had nothing to do with them. He recollected the case of a child, large, healthy,

and robust, whose system was marked by so great an irritability during the first five or six months, that the slightest noise disturbed it. It was with difficulty that it could obtain sufficient sleep. He told the parents it must become inured to noise. This condition remained until it became a year old. At that age, while in the country, where it had been taken by the parents for the summer, it fell headlong, striking upon its forehead, and was carried to the house in an insensible condition. It recovered consciousness, but during the night was seized with convulsions. In about a fortnight it was brought home to the city, catching cold on the journey. It lived three months afterward, having a cough, and evincing pain from trouble in the head. The latter was supposed to have originated entirely with the injury. In such a case, he remarked, it was of the utmost importance to judge correctly as to the cause. If the trouble was essentially an inflammation due to injury, calomel, etc., were called for. If, on the other hand, the essential cause was supposed to be a scrofulous cachexia, the plan of treatment would be considerably modified. The treatment adopted was one in accordance with the former view. Some inflammatory action was diagnosed to be going on within the chest. The post-mortem upon this case was probably the last one made by the late Dr. Isaacs, and was full of interest to him. There was not an organ in the body which was not studded to repletion with tubercles. The brain was crowded both internally and externally; about the pons Varolii it was so thoroughly infiltrated with tuberculous matter, that the proper brain substance was scarcely recognizable. The parotid glands, all the mesenteric glands, and the lungs were full. The latter had become riddled with vomicæ the size of beans. Dr. W. remarked, that if no post-mortem examination had been made, the parents might have been told, on apparently good grounds, that the trouble had been owing exclusively to the injury, and in no degree to a tuberculous diathesis. The knowledge of such a case would make one a little more careful in regard to making such statements.

(*To be continued.*)

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D.

The Society's first monthly meeting for the winter was held in the City Hall, on Friday evening, Dec. 14th.

ALCOHOL AS A REMEDIAL AGENT.

Dr. JAMES E. POMFRET read a paper as announced previously on "Alcohol as a Remedial Agent." He considered the subject *first*, as to the indications of its use, based upon physiological conditions; and *second*, as to the indications for its use, afforded by experience in the treatment of disease. He omitted to speak of the effects of anhydrous alcohol, as it is never used in medicine. It is only used diluted, flavored, and colored as in gin, whisky, wine, and brandy.

When alchohol is taken into the stomach, it at once passes into the circulation. In large doses it manifests its effects within a few minutes. The experiments of Davis would prove that while it acted at once upon the nervous and muscular tissue in small doses, within thirty minutes there is a quickening of the heart's action, while its fullness and force remains unaltered. He alluded to the experiment of Dr. Hanson, igniting the blood taken from a man who had imbibed largely of alcohol, it burning with a blue flame for thirty seconds.

In large doses it is said to increase the rapidity and force of the heart's contractions, exalts the organic functions, and especially stimulates the encephalic centers. He spoke of Dr. Bence Jones' theory of its changing the composition of the blood and effecting the nutrition of every organ in the body, and of its having its own peculiar poisonous action on the muscles, and the nerves, and of its being placed as a poison, in its effects on the nerves and muscles, between ergot of rye and arsenic.

There is less carbonic acid expired, as it appears, after the ingestion of alcoholic stimulants. They contribute to the heat of the body by their oxidation just as the immense amount of oil and flesh consumed by the Esquimaux affords heat to his body, without augmenting his weight or increasing its tissues. With the usual supply of non-nitrogenized substances, the habitual use of diluted alcoholic liquors tends to the production of fat. This has been proven by experiments on dogs, as, by the common observation, that adipose tissue is usually abundant in drunkards. It has been claimed for alcohol, that it prevents the waste of the tissues, and hence beneficial; but this can only be true where there is a deficiency of other heat-producing power.

Alcohol is indicated by physiological considerations in all states where the digestion of heat-producing food is imperfectly performed, and when the heat of the body is maintained by the excessive oxidation of the tissues of the body. Nearly all writers agree that alcohol has an affinity for the nervous substance, and that it is upon the nervous centers that alcohol exerts its primary influence. Dr. Todd affirms that, when kept within a certain limit, alcohol is beneficial; but, when carried beyond a certain point, its action is injurious and deteriorating. The increased nervous power generated by alcohol when confined to small doses, is not depressing; but in large doses, long-continued, it depresses the nervous power. Its use is indi-

cated from physiological considerations, in two widely dissimilar conditions—the delirium attending prostration, and the mania of delirium tremens. In the latter, it is not so clearly indicated. Dr. Carpenter has spoken of delirium tremens as the direct result of alcoholic poison; if it be so, why does the malady ensue when the poison is withdrawn, and subside when the poison is continued?

Secondly, Dr. Pomfret continued, the indications for the use of alcohol are derived from experience, in cases of long continued exposure to cold, and sudden shock to the system. The experience of physicians in all ages agree upon this point, and the Hebrew counselled: give strong drink to him that is ready to perish, and wine to the sick at heart.

Alcoholics have had a somewhat varying reputation in acute malignant diseases, in fevers, and as an antidote to certain poisons, and in delirium tremens. He cited the authority of that most learned man in the profession, from whose observation nothing seemed to escape—the late Dr. Tully (formerly a member of this society,) in favor of its use in those diseases where the skin is cold, and the extremities almost pulseless, in cases of exhaustion from cholera, in non-malignant typhus, or where, if you please, the anti-phlogistic treatment has been injudiciously employed. The author cited, speaks with great emphasis on this subject.

Dr. Carpenter's experience was also cited, exhibiting that in an epidemic of typhoid fever in 1836–7, the mortality from the alcoholic treatment was not above one-third of that from the simple expectant treatment. It must not, however, be inferred that every case of erysipelas or fever, needs alcohol as a remedy. Dr. Pomfret continued, that so far as his own observation warranted an expression of opinion, he could say that he had never known its administration without marked and beneficial effect. One reason for its ill-effect may lie in its administration. The adduced physiological considerations show that the most favorable results are to be derived when it is given in small, and repeated doses.

Dr. Vanderpoel said we are apt to take false data, estimating the influence of alcohol upon the system in disease the same as in health. Its favorable influence is to be obtained by uniformity of quantity kept up for a certain number of days. It is particularly applicable to diseases of asthenic type. He regarded the terms *acute* and *chronic* as unfortunate, as indicative of treatment; a more correct idea of maladies could be arrived at by the terms sthenic and asthenic. In the treatment of typhoid fever he had discarded almst every medicine. He could control the delirium and induce sleep by the use of brandy, and which he could do with no other remedy. He alluded to the case of Dr. Bailey under the charge of Dr. Willard, in which no other medicine was given, except an occasional pill of camphor and opium to control the too free state of the bowels. He had used it in cases of scarlet fever, after the subsidence of the fever, in the prostration that followed, with the best effect. In measles, where the tendency was to prove fatal, from bronchial congestion, he had used it with good success. The propriety of its use in diphtheria none will question.

In a case of pericarditis, occurring as a sequel to rheumatic fever, in a female of twenty-two years, he gave brandy in doses of two drachms every hor, in conjunction with beef tea. In the case of a child, seven years old, he gave one drachm every two hours. At one time he lessened the quantity, but the symptoms returned, and he was obliged to return to the original dose, and to keep it up for two weeks, and with ultimate success. In this case blisters were also used. In severe delirium tremens he had never resorted to the opium treatment. He relies greatly on the regularity and uniformity of the dose. When the system becomes overcharged with carbon, it can at once be detected in the breath. It enters immediately into the circulation-

In the treatment of phthisis, it is not only the fashionable, but almost the only available remedy.

Dr. Swinburne remarked that during his charge of the Alms-House Hospital in 1851, he treated over eight hundred cases of ship fever. His treatment was alcoholics and soups. He visited the hospitals in New York, where several thousand cases were treated that year. There the motality was twenty-five per cent., here only fifteen; there the advantages were superior; here the patients were received into shanties. The patients here received not over ten ounces per day; there they were given from sixteen to thirty-two ounces, which he believed was quite too much, and at least one reason for the increase of mortality. He was accustomed to treat pneumonia with this remedy, and had been for years. His exceptions to its use are when a man is in good health.

EDITORIAL DEPARTMENT.

PERISCOPE.

ACTION OF CARMINE ON ORGANIC CELLS.

In a paper to be found in *Canstatt's Jahresbericht*, 1858, vol. i. p. 202, Wittich confirms the conclusions drawn by Gerlach from his experiments (communicated by him during the Meeting of Naturalists at Bonn) upon the action of pigments, and especially of a solution of carmine when brought into contact with dead organic cells, and other elementary forms of cell origin. As soon as the colored solution is brought into contact with cell-structure, the nuclei become colored, the other portions of the cell, colorless at first only exhibiting the color

after a longer imbibition. The elementary forms of tissue originating in cells comport themselves as do the nuclei, attracting to themselves the coloring matter. Thus in connective tissue only the cells, and especially their nuclei, become colored, while the intervening connective substance remains uncolored. The muscular fibres appear colored along their entire length. Of the nervous tissues, the ganglionic cells, and especially their nuclei, are of an intense red. In the non-sympathetic nervous fibres, the medullary substance, and especially the axis-cylinders are colored, while the neurilemma remains colorless. In the vascular structures the cells and their nuclei are colored in the tunica interna, while the elastic fibres of the tunica media remain colorless; the muscular fibres are colored, as are the cells of the connective substance of the tunica adventitia—the other portions remaining uninfluenced. In his experiments with coloring matters, Gerlach placed thin slices of brain, which had been hardened by chromate of potash for two or three days in a mixture of one ounce of water, and two or three drops of a concentrated solution of carminate of ammonia. V. Hessling, the reporter in *Canstatt*, observes that there is nothing new in Gerlach's statements, every histologist familiar with injections being aware of the facts he states. V. Hessling himself described them in the *Illustr. Méd. Zeitung*, Theil I., seven years ago.—*Med. Times and Gazette.*

THE EDUCATION OF IDIOTS.

The first care in training the idiot is to ascertain the force of the intelligence, the instincts, and the sentiments, and so to strengthen those of which he is capable, that they may supply the place of those which are deficient. The first difficulty is that of articulation; this is taught in class by repeating the names of objects. It is seriously difficult to combine their attention by a common idea. Dr. Guggenbühl employs two means. In the day he strikes suddenly a Chinese gong, the sound of which deafens the tympanum, silences conversation, and excites a movement of surprise. He seizes that moment to commence prayers, and then, either by imitation or obedience, all the children listen to the voice of their master. In the evening he employs another resource not less ingeniously divised. Such pupils as are capable of receiving the first notions of reading are collected in a darkened chamber, and suddenly on a black board at the end of the room they behold a glittering line of fire—a letter of the alphabet, traced by the aid of a pencil of phosphorus. The rapid line of light surprises the children, and attracts them to give their attention to what is passing. The o is usually drawn first, for from this, by simple changes, may be constructed an a, b, d, g, q, p, &c. By such ingenious means, and, above all, by perseverance in them, Dr. Guggenbühl succeeds in ameliorating the physical condition and strengthening the intellect of his unhappy charge; and after four, five, or six years they may thus become useful members of the society which they had burdened and deformed.—*Lancet.*

ON THE PRODUCTION OF SUGAR IN ITS RELATIONS TO THE RESORPTION OF FAT AND ANIMAL HEAT DURING ABSTINENCE AND HIBERNATION.

M. Colin, in a communication recently laid before the Academy of Sciences, concludes as follows:

1. The resorption or combustion of fat, the production of sugar, the keeping up of animal heat, at its ordinary degree, are phenomena intimately connected with and dependent upon each other.

2. Abstinence in lean animals cannot be long borne. It causes very rapidly a falling of the temperature, coincident with the almost complete disappearance of sugar in the liver, the blood, the lymph, and the other fluids normally containing sugar.

3. In fat individuals, or those of a medium embonpoint, the duration of the abstinence, *cæteris paribus*, seems exactly proportional to the amount of fatty matter in reserve in the tissues. As long as the animal has fat, life is sustained, the sugar is renewed in the liver as well as in the nutritive fluids, and the temperature of the body does not sink notably.

4. During hibernation, the production of sugar preserves an activity parallel to the resorption of fat.

5. Finally, in all animals deprived of aliment. the liver undergoes very remarkable changes. It becomes atrophied, its cells lose their fat, which is supplanted by sugar.

REPARATION OF WOUNDS AND FRACTURES DURING THE EXISTENCE OF SYPHILIS AND ITS TREATMENT.

Sigmund, of Vienna, states that during his experience he has not observed any influence produced in the reparation of wounds of the soft parts, or of fractures, whilst the patient was suffering from constitutional syphilis, nor from the mercurial treatment generally pursued by him.

WOORARA IN CONVULSIVE AFFECTIONS.

The well-known physiological antagonism of woorara and strychnia has led to the employment of the former article in a number of convulsive diseases, as tetanus and epilepsy. The reported results are not entirely conclusive, but sufficiently encouraging, it is said, to warrant a continued experimental administration of the woorard.

ON THE USE OF TANNIN IN LARGE DOSES IN ALBUMINOUS ANASARCA.

A case is recorded in which the use of tannin appears to have been attended with favorable results in the removal of anasarca. The patient was in an advanced stage of the disease, the face and whole body being anasarcous, and the urine being loaded with albumen. Small doses of tannin and tonics were employed without effect, and the patient fell into a semi-comatose condition, with slight convulsive movements of the lower limbs and dilatation of the pupils. The tannin was again employed in the dose of half a drachm, and under its use the anasarca gradually disappeared, the patient regained his consciousness, and eventually he entirely recovered.—*Brit. and For. Medico-Chi. Rev.*

FOREIGN BODY IN THE AIR PASSAGES FOR TWENTY-THREE YEARS AND FINALLY PRODUCING DEATH.

The report of the proceedings of the Rhode Island Medical Society, records the case of a lady aged twenty-eight years, who when five years old had the brass tip of one of the ribs of an umbrella slip into her windpipe. It gave much distress at the time, and during several subsequent years produced severe attacks of pneumonia. In six or seven years it became permanently fixed and ceased to annoy her. About a year before her death she began to be troubled with a severe cough, and during a violent paroxysm threw up the foreign body along with blood and purulent matter. Death followed in a few days.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, DECEMBER 29, 1860.

We offer our readers, far and near, the season's greetings—of a Christmas gone and the New Year dawning.

Much of hope and good cheer we want all; for ourselves, for our profession, for our country.

There are thousands of earnest, toiling men in our profession, young men with high aims and noble ambition, struggling onward under difficulties the greatest, to whom we would say PRESS ONWARD in your career, let no obstacle interrupt your march, and no contrary gale dishearten you:

"Dem Muthigen gehört die Welt!"

the world belongs to the man of courage.

Then there are those who have battled long the great battle of life, whose craft has weathered many a storm. To them we would say: Look out that your ship does not get too thick with barnacles, keep your sails in good order, and your rigging straight, lest the snug and trim new yacht will outsail you.

And while we all thus hope for the best, to ourselves, let us not forget that hope alone is nothing, unless it be of that kind which will stimulate to individual exertion.

We need hope for our profession. It looks as if a ray of light was coming, betoking the dawn of brighter days in store for the profession of the United States of America. There is an awakening, as there never was before in behalf of better medical education, an exertion to abolish longstanding abuses, to correct existing evils, and withal characterized by that spirit of moderation which in the end will accomplish its object. There is a mighty current sweeping toward a more perfect organization of the professiou throughout the country. Let us work incessantly to this end; let every town, county, and State have its Society; let all join and work to advance the great healing art; to make it respected before the people and to improve ourselves by mutual efforts.

There is hope for our American medical literature. It has made rapid strides during the last year. New and valuable works have been published; and in medical journalism, there has been a remarkable progress. Need we point out examples?

But while we thus entreat our readers to be of good cheer, and congratulate them upon the progress made, and the good time coming, in a professional and scientific point of view, let us hope for the COUNTRY—ONE AND INSEPARABLE; OUR UNION AND LIBERTY NOW AND FOREVER! There is a dark spirit hovering over the nation; gloomy forebodings, a great stir and commotion; rumors of war and civil strife! It will all pass away. The pyramids of Egypt have stood monuments of *tyranny* for three hundred centuries. Do you believe that this Union,—a living monument of freedom will totter and fall ere a century old? Never! We have more hope for mankind, and more faith in God

and the common sense of this nation, than to believe that the delirium, which has attacked it, will not give way speedily to returning reason.

Thus entering upon a new year, while we promise the reader that we shall exert all that is in our power to improve the Reporter, and while we ask their co-operation in the cause of scientific progress, we feel assured that as before it will remain a National Journal, published in the United States, in spite of those who are trying, with candle-lights, to off-set the splendor of our national stars.

THE HYGIENE OF THE SEWING MACHINE.

Under this title Prof. A. K. Gardner, of New York, read a paper before the Academy of Medicine, in which he comes to the conclusion, "after six months' deliberate investigation of this subject, that the *sewing machine is a blessing to mankind, and especially to the female, and that without an appreciable drawback.*"

There can be no doubt as to the truth of the first part of this proposition. As to the second, we think the hygienic benefits which Dr. Gardner ascribes as accruing from the sewing machine to the female, are exaggerated.

Dr. Gardner says:—

"The sewing machine is but a healthy stimulant to the muscles of the lower extremities of those accustomed to its use, developing and strengthening them. But the benefit and increased volume of the muscles actually employed is extended to the adjacent parts of the frame, and the muscles which belong to the pelvis, the back, and which support the abdominal walls, are called upon to aid in the work by steadying the frame and firmly holding the parts to which the muscles of the lower extremity are attached. The development of these muscles affects all the adjacent organs. The circulations are carried on more regularly, the absorbents are brought to work more energetically, and there is a tonicity very perceptible throughout the abdominal parietes, which is a result of the employment of the neighboring organs. In the female, we have, as a direct result, a "tone" in the generative apparatus before unknown, and a direct result of normal activity. The flaccidity of the vaginal walls is supplanted by contractility; the relaxed ligaments of the uterus become tense; the perineal muscles are developed; prolapsus uteri is impossible; leucorrhœas are absent, because dependent upon debility, malposition, and displacements, etc."

The effects here described we can only consider as hypothetical. We do not believe that Dr. Gardner has been enabled to ascertain in a number of cases sufficiently large to justify the deduction of a general rule, that previous flaccidity of the vaginal walls is supplanted by contractility; that the relaxed uterine ligaments have become tense; that the perineal muscles are developed, and for reasons obvious to every one. In some cases the muscular motion may be beneficial. But we have had under our charge two cases—one of leucorrhœa, the other of dysmenorrhœa—both occurring in young sewing-machine operators, both complicated with anæmia, and both of which recovered only after, in addition to the proper constitutional treatment, they had quitted work and substituted exercise by walking in the open air.

Dr. Douglas, in investigating the subject, had been told by a woman, who has charge of fifty girls employed upon the machines, that many of them were obliged to be in bed every three or four days during a month, and that in almost every instance, during their menstrual period, they were obliged to refrain from work. Dr. Barker has seen acute synovitis in the knee follow the use of the sewing machine.

While no one will assert that the sewing machine has any very deleterious effect upon the health, we doubt the propriety of ascribing to it, as Dr. Gardner does, any positive or absolute hygienic advantages. The cases of female disorders requiring *this* kind of continuous motion, in rooms excluded from the open air and direct sunlight, are very rare, and we fear that such hasty conclusions as to the positive hygienic advantages of the sewing machine are calculated to do mischief. They will not influence those who are obliged to "tread the mill" for a living; while among those who resort to it as a fashionable, semi-profitable, semi-hygienic pastime—we mean the "ladies"—there is already too much aversion against exercise in the open air, which we would be loth to increase by offering the

substitute or excuse of the hygienic effects of the sewing machine, unless supported by the most reliable and positive data—at any rate more so than those offered by Dr. Gardner.

It is more of God's fresh air and Nature's bright sunlight which the female portion of the community at present want to give "tone" to the system, and *not sewing machines*. Don't let us run the latter too fast. We are not yet prepared to add the sewing machine to the materia medica.

Our readers will have noticed that much of our space has of late been taken up by Reports of Societies, embracing Philadelphia, New York and Albany. They are interesting, however, and the enlargement of the Reporter at the commencemeut of the current volume, which enables us to give them, has, we hope, proved satisfactory thus far to the reader.

The Reporter publishes the proceedings of the most eminent societies in the country, in advance of any other publication, and its reports have been considered as so accurate that the officers of some Societies have been in the habit of compiling their official minutes from them.

We shall soon add regularly the proceedings of other Societies to those already published; and thus, while adding still more to the interest of the Reporter, prove that it is possible to have a *national* periodical medical literature, untrammelled by parties, schools, cliques, or publishing interests, or other drawbacks to a sound and independent professional and scientific development.

Compact Case of Surgical Instruments.—Mr. D. W. Kolbé, surgical cutler, Ninth street above Chestnut, has designed an operating case, which includes amputating, trephining and minor surgery instruments, the whole occupying less space than any arrangement of the kind that we have before seen. The handles of the saws and catlins are movable, and the single handle for each kind of instrument is all that is required. The case contains the instruments essential for most operations, and is not encumbered with any unimportant articles. It is finished in an elegant and durable manner and is offered at the moderate cost of forty-five dollars.

Correspondence.

ENTOMOLOGY PINS.

Albany, December 18th, 1860-

Messrs. Edipors:—I observe in your Saturday's issue of December 8th, 1860, an article by Dr. John Swinburne, of Albany, entitled "Entimology Pins versus Metallic and other Sutures." While I would not speak disparagingly of the *late* article, or its author, I deem it incumbent on the profession to keep posted on the discoveries of their medical brethren, that they remain not behind the times; for we find this original communication of Dr. Swinburne at least five years behind the age. By referring to the Transactions of the Medical Society of the State of New York of 1855, on page 126, there is an essay by Prof. Alden March, of Albany, on improved forceps for hare-lip operation, where allusion is made to Entomology Pins, as answering every purpose in this operation, as well as those pins made expressly for it. It was also copied in the "*Philadelphia Medical and Surgical Journal* of 1855; and the paper of Prof. March was thought worthy of sufficient importance as an addition to surgery to be published afterward in pamphlet form by "James Bryan, A. M., M. D.. Professor of Surgery in the Philadelphia College of Medicine"—"as it would meet the views, and conveniences of medical students and practitioners, and of disseminating the practical knowledge of its distinguished author." He goes on to say, "Prof. March has in this essay embodied so much that is valuable in the treatment of harelip, that we think a memoir ought to assume a permanent form, and be embodied in the standard work as a scientific production of one of the most distinguished surgeons of New York." Now, with due regard for Dr. Swinburne's experience in the use of entomology pins we advocate the doctrine of bestowing "honor where it is due." Therefore, of whatever practical use in surgery entomology pins may be, their utility was first suggested by Professor March, and to him belongs the *original* discovery of the use of these pins in practical surgery.

Subscriber.

[Having given insertion to the above, we would call the attention of "Subscriber" and the readers to the following points:

1. Dr. Swinburne, in his article, has neither directly nor impliedly claimed the authorship of the entomology pin, but has simply given his experience regarding the matter.

2. Prof. March, in his paper, referred to the entomology needle, as a substitute, in the *harelip operation*, and not as a universal substitute for *all kinds* of suture, when applied externally.

3. We are not aware that any article has been published in any Journal, or Transactions,

until Dec. 8th, 1860, in which the use of entomology pins, based upon extensive experience, was claimed as a universal substitute for *all kinds* of suture; and heuce:

4. We cannot see how "subscriber" is justified in calling Dr. Swinburne's article "five years behind the age."—Eds.]

REDUCTION OF DISLOCATION OF THE SHOULDER OF FOUR MONTHS STANDING.

Messrs. Editors:—Permit me, through your excellent journal, to report the following case:

On the 18th of March, 1859, Robert Thompson, laborer at a furnace, called on me, having received an injury in the shoulder four months previously, rendering his arm useless. It had been treated as a sprain, without much benefit, except that the pain was not so great as at first. I found a complete dislocation of the humerus, the head of the bone being distinctly felt in the axilla. The adhesions formed in its new position were so firm as to resist the strength of two stout assistants, (he being large and muscular himself.) Having no pulleys, I put him under the influence of ether; then placing my foot on his shoulder, and carrying his arm directly upward, making a fulcrum of the humeral end of the scapula, the adhesions were readily broken up, and the head of the bone raised into its proper place. After two months' rest, using only passive motion, he was able to resume his work, and now says he has never had any trouble with it since, the cure being complete. I do not offer the plan of reduction as original, but merely give my experience in what I believe to be a rare case, for the benefit of young surgeons practising in the country like myself, with scant supply of instruments.

R. S. Simington.

Danville, Montour Co., Pa., Dec. 11th, 1860.

"MATERNAL IMPRESSIONS."

Messrs. Editors:—Under the head of "Maternal Impressions on the Fœtus," I observed in the Reporter, of Dec. 8th, an account from a correspondent of the *Dental Cosmos*, of a case of a young lady, in whom the front upper incisors were wanting, and that the mother, during pregnancy with this child, had seen a child in which some of the incisors were also absent.

This reminds me of a case which some time since came under my notice.

A boy, four years old, has no incisors in either jaw, and I am well satisfied will never have any. In other respects the set is complete.

Now, whether or not the mother, during her pregnancy with this child, happened to look at another child which had its teeth knocked out, I am unprepared to say, but this I can say, *she never had any incisor teeth herself!* except those made by a dentist.—Suggestion—for the benefit of the believers in the influence of maternal impressions—perhaps the mother had looked in the looking-glass!

S. Updegrove,
655 North 8th st., Philadelphia.

UTERINE HYDATIDS.

Messrs. Editors:—Last winter I was called to see a woman, 25 years of age; for two days previous to my calling she had violent pains like those of labor, and a great discharge of blood from the uterus. She told me her menses disappeared six months before, and that the child was alive, for she could feel it move.

On examining per vaginam I found the mouth of the womb dilated about two inches, and within it a soft, vascular substance, like the placenta, but softer, and more yielding to pressure. I dilated the mouth of the womb with my hand, which I introduced with the intention of extracting the child by the feet; but could find nothing but the same substance which I first encountered. The womb now began to contract with great force, and I brought away a hand full of hydatids, and continued for about a half hour to bring away large quantities, till the womb had contracted, and they were all discharged, to the amount of about a gallon full. They were transparent, pear-shaped sacs, filled with a clear liquid, from the size of a hemp seed to that of a walnut, hanging like grapes from a net work of blood vessels. She was able to be up in ten days, and has continued in good health since.

John Foote, M. D.

NEWS AND MISCELLANY.

Special Hospitals.—The following statement in opposition to the establishment of special hospitals, has been signed by more than five hundred of the most eminent English physicians and surgeons, including among them almost every medical man connected with the hospitals of the principal cities:

We, the undersigned, are of opinion that much detriment to the public and to the medical profession arises from the modern practice of opening small institutions, under the name of hospitals, for particular forms of disease, *in the treatment of which no other management, appliance, or attention is required* than is already supplied in the existing general hospitals.

The practice is injurious, first, because in the maintenance of numerous small establishments the funds designed for the direct relief of the sick poor are wasted in the useless multiplication of expensive buildings, salaries, and hos-

pital appliances, and in the custom of constantly advertising to attract public attention.

Secondly, because the public is led to believe that particular classes of disease can be more successfully treated in the small special institutions than in the general hospitals—an assumption directly contrary to evidence; the fact being, that the resources of the general hospitals are in every respect superior to those of the special institutions alluded to.

Thirdly, because it is essential for the interests of the public, with a view to the efficient education of students preparing themselves for the practice of the medical profession, that all forms of disease should, as far as possible, be collected in the general hospitals to which medical schools are attached.

As an example that the evil referred to is increasing, we regret to observe that an attempt is being made to set on foot a Special Hospital for the treatment of Stone and Diseases of the Urinary Organs. We desire to express our opinion that such an institution is especially unnecessary; the existing general hospitals provide ample accommodation for the treatment of all these maladies; *no case is ever refused admission into them;* there are no diseases which receive more care, attention, and skilful management; and there are no men in this or any other country who have greater experience in treating them than the surgeons of our general hospitals.—*Lancet.*

Phosphorus in the Atmosphere.—M. Barral has communicated to the French Academy of Sciences, a memoir, in which he announces the detection of the presence of phosphoric matter in considerable quantities in the atmosphere. In a series of analysis of rain water he has noticed that the residue left after the evaporation of the fluid constitueut contained an appreciable quantity of phosphate of lime. He then naturally inferred that the source of the phosphoric acid must be the atmosphere, and that the rain in falling absorbed and held this material in solution. Continued experiments have shown that the air in its normal condition, does contain large quantities of phosphorus, which, dissolved by the rain, is brought in contact with the surface of the earth, where it forms different combinations, and no doubt plays an important part in the chemistry of the soil, and indirectly in the economy of organized beings on the face of the globe. He estimates the quantity of phosphoric acid deposited to be about 400 grammes (17 ounces) per hectacre, (two acres and a half.) It is thought that there exists some connection between the phosphoric element of the atmosphere and the cell-germs alleged by M. Pasteur to swarm in the same medium.—*Lancet.*

M. Ricord was to be honored by a banquet, to occur at the Louvre Hotel on the 20th inst.

"*In Scarlatina,*" says Sydenham, "I hold it sufficient for the patient to abstain wholly from animal food and from fermented liquors; to keep always in-doors, and not to keep always to his bed. When the desquamation is complete, and when the symptoms are departing, I consider it proper to purge the patient with some mild laxative, accommodated to his age and strength. By treatment, thus simple and natural, this ailment—we can hardly call it more—is dispelled without either trouble or danger; whereas if, on the other hand, we over-treat the patient by confining him to his bed, or by throwing in cordials and other superfluous and over-learned medicines, the disease is aggravated, and the sick man dies of his doctor."

A Child Killed with Syrup of Poppies.—We have again to record the death of a child, due to the incautious and deplorable use of this narcotic. The mother of Jane Davis, aged three months, had given her a dose of this preparation of opium to produce sleep, and the overdose administered caused death. The jury returned a verdict, "that the deceased died from the effects of the syrup of poppies, administered by the mother to procure sleep, and through misadventure." A verdict of manslaughter, with appropriate punishment, in one or two of these cases, might have the salutary effect of checking the pernicious practice of narcotizing children, which is so fertile a cause of excessive infantile mortality.—*Lancet.*

We may observe that the circular amputation is, to some extent, superseding the ordinary flap operation in hospital practice. It is now mostly employed by the surgeons at St. George's Hospital, and is preferred also at other institutions. The adoption of the circular method, or of that by flaps, is solely a question of taste and of dexterity on the part of the operator; for most writers on surgery believe that an equally good stump may ultimately be formed by the one as by the other. The rapidity with which the flap operation can be done is an advantage over the other; but the circular method gives a firmer and neater stump.—*London Lancet.*

Academy of Natural Sciences of Philadelphia.—At the Annual Meeting held 25th December, 1860, the following Officers were elected for the ensuing year:

President, Isaac Lea, LL. D.; *Vice-Presidents*, Robert Bridges, M. D., W. S. Vaux; *Corresponding Secretary*, Thomas Stewardson, M. D.; *Recording Secretary*, B. Howard Rand, M. D.; *Librarian*, James C. Fisher, M. D.; *Treasurer*, William C. Henszey; *Curators*, Joseph Leidy, M. D., William S. Vaux, John Cassin, J. Dickinson Sergeant; *Auditors*, William S. Vaux, Joseph Jeans, Aubrey H. Smith.

In our intercourse with the sick we are often left to discover, as best we may, what it would wound their sense of self-esteem to acknowledge. We must sometimes take for granted what they wish us to divine, but are unwilling to confess. We are not called upon to demand the confidence which they reserve. Yet, in guarding their feelings, we must so act as not to overlook the truth, and so advise as to lead them to forsake their errors.

In the time of the civil war of England a Puritan soldier, evidently a man of rank, called upon Hamey for advice. After modestly attending to the long preface with which the circumstances of the case were introduced, Hamey assured him of his confidence, and gave him hopes of relief. The generous soldier drew from his pocket a bag of gold and offered it in a lump to his physician. This extraordinary fee was surprising to Hamey; and, pressing as were his pecuniary affairs at the time, it was modestly declined. But the grateful patient, grasping in his hand as much coin as he could hold in his fist, put it into the doctor's pocket and took his leave. This fee was doubtless intended, in part at least, as the price of secrecy. But with Hamey this precaution was unnecessary, as it always ought to be with the members of a profession, the very essence of which is honor and confidence. The name of this generous soldier, as we are told by the author of "The Gold-Headed Cane,"—a work which I am disposed to attribute to Sir Henry Halford—is never once mentioned in the life of Hamey, though there is good reason to believe he was no other than Ireton, the son-in-law of Cromwell.

Again, we are called upon to respect not merely the secret disclosures of our patients; their individual peculiarities, their feelings, habits, and propensities, are also to be met with becoming deference. Is the patient a man of piety? The physician is a man of probity, and can respect, if he cannot participate, to the full extent, in his religious aspirations. Is he himself religiously inclined? He is not thereby the censor of others; and, while he uses his privilege in assuaging suffering, or in mitigating the sorrows of the sick, or soothing their pillow on the bed of death, he is no instigator of useless discussions, and least of all, of sectarian disputes. Heberden, from his youth, was religiously disposed, and by the sweetness of his manners, as much as by his consummate skill, had secured the esteem of all who knew him. When the widow of Middleton, the author of the Life of Cicero, called upon him with a manuscript of her late husband, to consult about the propriety of its publication, Heberden examined the work, which was on the Inefficacy of Prayer. He told the lady that however much it might redound to her husband's reputation as a scholar, it would add nothing to his credit as a man. But as the proceeds might be of importance to her, he promised to inquire what might be the publisher's estimate of the copyright. This he ascertained to be one hundred and fifty pounds; and, paying the widow out of his own pocket two hundred pounds, he consigned the manuscript to the flames. Ambrose Paré was a Huguenot, and pious man. When requested by his sovereign to conform to the religion of the state, he modestly, but firmly, refused; and yet, amid the most virulent epoch of religious dissentions, he so conducted himself as to secure the love and respect of all parties. And when Charles IX. gave orders for the general massacre of the Protestants throughout the whole of France, Paré was the only exception made, by express command of that infatuated monarch, during the fatal night of St. Bartholomew. Pinel does not appear to have been distinguished as a religious man: and yet he was more than a philosopher. "I am preparing a new edition of my Dictionary of Atheists," said Laland, a popular writer, to him, "and in it you may expect to see your name fitly complimented." "And I, too," rejoined Pinel, "am about to issue a new edition of my treatise on Imbecility, in which I will not fail to assign to you a proper place.

The man of capacity, properly measuring his own forces, with a definite object in view, steadily pursued, is apt to reach that object in the end. This truth is admirably illustrated in the life of Portal. Quitting Montpelier at the close of his classical studies, Portal directed his steps to Paris, and on the journey thither fell in, first, with Treillard, and afterwards with Maury—youths, like himself, on their way to the capital in pursuit of fortune. In the easy familiarity of early life they soon became intimate, and communicated to each other their respective objects of ambition. Treillard already felt within himself he would one day be Attorney General; Maury, on the other hand, would be a member of the French Academy; and Portal, an associate of the Academy of Sciences. On reaching the heights that overlook the city, they stood for a moment contemplating the spectacle, and of that instant caught the distant boom of the cathedral clock. "Hark!" cried the would-be Attorney General to Maury, "you are summoned to the Archbishopric of Paris!" "Yes," replied the latter, "when you become Minister of State!" "And what of me?" asked Portal. "You," exclaimed the other two, "first Physician to the King!" It is needless to ask what prompted these predictions. It was force of character that led to their fulfillment. Portal was afterwards founder of the Old Academy of Medicine. On the accession of Louis XVIII., he became first physician to the king—a post which he held also under Charles X. It was in the latter reign, adds his biographer, that Treillard and Maury severally reached the goal of their ambition,—the first as a statesman among the chiefs of France; the other, as a cardinal among the princes of the church.

The trials and afflictions which the physician,

in his round of daily duties, is called upon to witness, tend to impress upon him an air of seriousness. Beyond this they should not be suffered to carry him. In order to resist such emotions as weigh upon his spirit, it is his duty, at times, to seek the exhilaration and enjoyment of miscellaneous and refined society. But in participating in the gayeties of life he is not to pursue them with the ardor of an habitué, nor to allow himself thereby to be carried away from the graver duties of his calling; and many of the frivolities of what is sometimes called good society he may venture to forego. The life of Portal, on this point, also, is worthy of notice. His experience of the world, his familiarity with men and manners, had supplied him with a rich and varied fund of anecdote, which he well knew how to reason with Attic wit, to the delight of the savans, literary men, travelers, magistrates, and foreign ambassadors, that held their weekly re-unions at his residence,—a select and brilliant academy, of which his conversational talent was the greatest ornament. With what irresistible humor, says M. Pariset, would he recount his interview with Vestris, the once famous dancing master. "Monsier Portal!" says the latter, I am profoundly sensible of my obligations to you; I bear in my heart the everlasting recollection of your attentions to me. My respect for your delicacy of feeling is too great to permit me to offer you a fee. Among artistes like ourselves, affairs of this sort are of no account. But, Monsieur, I have something better to offer you. I have noticed, permit me to say, that on entering a room you have not that grace, that elegant grace, which should give you perfect freedom of carriage, and render you at all points an accomplished man. Now, this grace, sir, I propose to give you." Whereupon, taking him by the hand, Vestris would have placed Portal in the attitude of the first position. But Portal quietly excused himself, and never learnt the graces of the dancing master.—*Dr. John Watson's Anniversary Address.*

Abdomen.—The richest and most fertile region of the body for the practice of medicine: the theatre of more than one-half of the pathological dramas, and the one about which patients are always most particular. Unhappy the physician who neglects the exploration of the abdomen. 'He has not examined my stomach,' says the patient, which means, 'he knows nothing of his business.' "—*Minor Dictionary of Medical Terms.*

Sir Henry Marsh, the most popular practitioner in the city of Dublin, died on the first inst.

Anti-Tobacco Movement.—A strong movement in opposition to the present excessive use of tobacco has been commenced in Edinburgh. At a late meeting, the following resolution was adopted:—"That as smoking has a tendency to encourage the drinking usages of society, not only by creating morbid thirst, but also by its exhausting power, thereby inducing recourse to a falsely supposed substitute, it is greatly calculated to foster crime and dissipation in the masses."

Northern Dispensary.—A vacancy in this institution is about to occur by the resignation of Dr. Slocum, who has faithfully served as resident physician for a number of years. The post is, in a practical way, a very desirable one and the applicants for it are numerous.

Internal Nævi.—A correspondent of the *Lancet* suggests that vascular nævi materni may occur inwardly as well as on the surface, and be the cause of many diseases. They might, he thinks, exist on some parts of the brain, and be the occasional cause of epilepsy, idiocy, paralysis, etc.

Brighton, the popular English watering place, is in such bad sanitary condition from defective drainage, that valetudinarians are deserting it.

Students in Paris to the number of 1196, have registered at the Faculty of Medicine.

The Polar Regions is the title of a book about to be published in London. It is by Dr. Richardson, who was a surgeon on some of the Arctic expeditions.

☞ Subscribers will please be particular in dating their letters, to give in full, the town, county, and State, in which they reside. In several instances we have been put to much inconvenience in searching through our mail book for the names of subscribers, who have neglected to date their letters properly.

☞ We receive, in payment of subscriptions, any funds that are current at par in the section of country from which such moneys are forwarded.

☞ Those desiring to discontinue the Reporter can do so by simply neglecting to forward the amount of their subscription when due. It will not be sent long after the subscription has expired! Except in some of the larger cities, we do not send agents to collect subscriptions.

☞ Philadelphia subscribers will please notify us when they change their residence.

☞ We have no agents who cannot give indubitable proof of their being in our employ, and until notice is given to the contrary in our columns, we shall fulfil their engagements in the ordinary course of business, in regard to subscriptions and advertisements. *Agents commissions are renewed on the first of every year.*

☞ *We are much in need of copies of the* REPORTER *of Oct. 6th, 1860, and will pay* TEN CENTS A COPY *for any numbers of that date that may be sent to our address.*

☞ *We can still supply a few sets of the* REPORTER *from its commencement as a weekly at the original subscription price unbound, or at an additional cost of 50 cents a volume, bound.*

MARRIAGES.

COWAN—CRAIG—In Danville, Ky., on the 13th inst., at the residence of the bride, by Rev. L. W Green, D D., Dr. George Cowan to Miss Lettie, daughter of the late Dr. Wm. Craig, all of that place.

SHARP—HANLY—On the 19th inst., at Chestnut Hill, by the Rev. Samuel L. Gracey, Samuel C. Sharp, M. D., of Philadelphia, to Miss Sallie Hanly, of Chestnut Hill.

SHRADY—LEWIS—At the Church of the Incarnation, N. Y., on Wednesday, Dec. 19th, George F. Shrady, M. D., associate editor of the American Medical Times, to Miss Mary Lewis, of Ulster Co., N Y.

DEATHS.

BUTLER—Died, in West Philadelphia, Dec. 21st, Cortlandt Van Rensselaer Butler, infant son of Dr. S. W. and Annie H. Butler, aged three months.

HOPKINS—Died, a few days ago, at his residence in Darlington, Hartford Co., Maryland, Wakeman B. Hopkins, M. D. long a resident of Darlington. Dr. Hopkins was one of the leading practitioners in his neighborhood, and enjoyed the esteem of all for his eminent virtues, both as a physician and a man.

Answers to Correspondents.

W. McE.—Specimens in a proper condition for microscopic examination may be put in a drachm or half-drachm phial containing glycerine, and sent by mail.

B.—The advantages claimed for cod-liver oil jelly are, that it is more agreeable to take, and that being combined with gelatinous matter, it remains longer in the stomach, and is more completely digested than the ordinary oil.

D. C.—The remedy for such painful nodes is subcutaneous incision of the periosteum.

W. C—To practice in France, it is requisite to first obtain a license from the Minister of the Interior.

J. C. M.—The College of Physicians is not a medical school, but is, nevertheless, a *college* in the literal meaning of the word. The Medical Department of the University of Pennsylvania is probably the institution intended.

S.—There is no full list of the physicians of this city, and their number is unknown to us. The list published in the business department of the directory is very incomplete. The largest list of regular physicians is, we think, that of the carriers of this journal.

C. A., Illinois, desires to see published the experience of those who have tried subcutaneous medication.

W. A. F., Tennessee, asks whether belladonna and opium are physiologically incompatible.

J. S—Refer to Dr. Elwell's work on Medical Evidence, and avoid, if possible, being subjected to the ignorance and prejudice of a jury.

Drs. Z., (Pa.,) F. (N. J.,) and S., (N. C.)—Vaccine matter has been forwarded by mail.

Dr. W., Ohio—W. A. Townsend & Co., N. Y., are the publishers of Braithwaite's Retrospect. The subscription price is $2 a year.

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MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 15, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	223	372	113	144	75	.....	.....	15	.....	.....	* 75
Males	121	177	53	71	30	.....	.....	9	.....	.....	40
Females	102	195	43	50	45	.....	.....	6	.....	.....	35
Sex not stated	.....	.....	78	23	.....	.....	.....	.....	.....	.....	74
Whites	211	260	18	97	.....	.....	.....	.....	.....	.....	1
Black and colored	12	12	.....	26	.....	.....	.....	.....	.....	.....	.....
United States	161	241	.....	63	.....	.....	.....	13	.....	.....	.....
Foreign countries	42	130	.....	36	.....	.....	.....	2	.....	.....	.....
Nativity unknown	20	1	.....	45	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	108	184	60	51	24	.....	.....	7	.....	.....	.....
5 to 10 years	16	7	3	8	} 6	.....	.....	1	.....	.....	} .....
10 to 20 "	11	16	6	6		.....	.....	1	.....	.....	
20 to 50 "	50	98	20	54	} 45	.....	.....	5	.....	.....	} .....
50 and over	38	66	24	27		.....	.....	1	.....	.....	
Unknown	.....	1	.....	10	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	6	14	6	5	3	.....	.....	.....	.....	.....	.....
Cholera Infantum	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Cholera	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	3	.....	5	1	.....	.....	.....	.....	.....	5
Diphtheria	10	13	1	4	.....	.....	.....	1	.....	.....	5
Dysentery	2	2	.....	5	.....	.....	.....	.....	.....	.....	.....
Erysipelas	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, remittent	.....	3	.....	2	1	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	14	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	5	2	.....	.....	.....	.....	.....	.....	.....
" typhoid	3	1	.....	3	.....	.....	.....	.....	.....	.....	1
" typhus	1	1	.....	1	.....	.....	.....	.....	.....	.....	1
" scarlet	29	24	3	8	5	.....	.....	2	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	1	2	3	1	.....	.....	.....	.....	.....	.....	1
Measles	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	3	5	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	3	7	.....	2	1	.....	.....	.....	.....	.....	2
Congestion of Lungs	3	5	.....	.....	3	.....	.....	1	.....	.....	.....
Consumption	32	56	13	21	20	.....	.....	1	.....	.....	9
Pneumonia	7	29	4	6	2	.....	.....	1	.....	.....	11
Hemorrhage from Lungs	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	2	5	.....	.....	.....	.....	.....	.....	.....	.....	1
Convulsions	3	27	2	9	.....	.....	.....	.....	.....	.....	.....
Congestion of Brain	1	13	.....	1	2	.....	.....	1	.....	.....	7
Disease of Brain	5	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Delirium Tremens	6	4	1	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Hydrocephalus	2	13	2	1	3	.....	.....	.....	.....	.....	.....
Inflammation of Brain	5	9	2	11	2	.....	.....	.....	.....	.....	1
Paralysis	.....	2	4	1	1	.....	.....	.....	.....	.....	.....
Tetanus	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	10	10	2	1	2	.....	.....	.....	.....	.....	1
Phlebitis	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	1	.....	.....	2	.....	.....	.....	.....	.....	2
Gastritis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Hepatitis	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat,	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	8	8	1	5	1	.....	.....	.....	.....	.....	.....
Marasmus	8	22	.....	4	1	.....	.....	3	.....	.....	.....
Peritonitis	2	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	2	1	.....	.....	.....	.....	.....	.....	.....	1
Diseases of Uncertain Seat.											
Abscess	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	2	4	.....	2	3	.....	.....	.....	.....	.....	1
Dropsy	6	6	3	3	4	.....	.....	1	.....	.....	6
Debility, etc	16	10	.....	1	2	.....	.....	.....	.....	.....	5
Fever	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Scrofula	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage	.....	2	}	.....	}	.....	.....	.....	.....	.....	}
Convulsions	.....	.....	3	.....	1	.....	.....	.....	.....	.....	3
Fever	.....	3		.....		.....	.....	.....	.....	.....	
Diseased Womb	.....	.....	}	1	}	.....	.....	.....	.....	.....	}
External Causes.											
Accidents	2	12	4	2	1	.....	.....	.....	.....	.....	.....
Poisoning	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Suicide	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	15	.....	17	6	.....	.....	.....	.....	.....	.....	5
All other causes	24	39	35	32	12	.....	.....	3	.....	.....	6

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ORICINAL DEPARTMENT.

LECTURES.

Lectures on Diphtheria, delivered at the University of Pennsylvania, Dec. 24 and 27, 1860.

By W. Pepper, M. D.

Professor of the Theory and Practice of Medicine.

[Reported for the Medical and Surgical Reporter.]

As *diphtheria*, or *diphtheritis*, as it is sometimes called, frequently exists with inflammation and disease of the *larynx and trachea*, many practitioners suppose that it should be considered rather under the head of the respiratory organs; but as it is a disease of the *fauces*, and its extension to the larynx is merely a coincidence, its proper place for consideration is under the head of diseases of the throat. The name *diphtheria* or *diphtheritis*, is derived from the Greek διφθερα, a membrane.

Various names have been applied to this affection, which were no doubt given by physicians according to their peculiar ideas of the pathology of the disease. Thus, it has been called *malignant angina*, *diphtheria anginosa*, and *membranous angina;* also, *angina* of the *gangrenous* form, and the *follicular* form. A name, which the Spanish use, *garotte* has been applied on account of its strangulating the patient. It is also called *putrid sore throat*, and *pseudo-membranous pharyngitis*. At present it is usually termed either *diphtheria* or *diphtheritis*.

Bretonneau, of France, was the first man to dispel the confusion with which this disease was invested, and he applied the term *diptheritis* from διφθερα, meaning skin or membrane. But the term *itis* is too apt to be associated with the idea of an inflammation of the part, as *bronchitis* is inflammation of the bronchial tubes, *gastritis* of the stomach, etc., and this term *diphtheritis*, which signifies an inflammation of the membrane, would not be altogether correct, and hence in Great Britain it was called diphther*ia*, and not diphther*itis;* but it is not important which name is adopted.

This disease, from the great excitement it has lately produced in the public mind, here and elsewhere—which excitement still continues—might be supposed to be of recent date, but it appears to have been known to the ancients and Huxham, in 1757, evidently refers to it.

It is not, therefore, a recent disease; but no very distinct account of it appears to have been given until that of Guersent in 1821, and Bretonneau in 1826.

Dr. Samuel Bard, of New York, is perhaps among the oldest writers on the subject in this country, and one of the first to give a good account of it. Since then, our journals have teemed with very able descriptions of it, and one, perhaps, of the best monographs appeared in the American Journal of the Medical Sciences volume 24, page 82, by Dr. Geddings of South Carolina.

Among the new Sydenham Society's publications there has been a polished and able production on this subject; and a very excellent *resumé* will be found in the British and Foreign Medico-Chirurgical Review for 1860. It appears to have prevailed epidemically in Paris, in 1855 and 1857, when it crossed over to England, where, though cases of the disease had occurred previously, it had not appeared as an epidemic.

In our own country, it has since that time been more or less prevalent, and it is said to have recently prevailed in New York, and especially in Albany in an epidemic form; and in our own city and State we hear constantly of diphtheria as an epidemic disease.

I have never met with it in this form, though I have been familiar with the disease for more

than thirty years, and there has never been a winter that I have not seen cases of it; and the present winter I do not find my cases any more malignant than usual, or more frequent.

It may, however, prevail in certain localities, for it is often thus limited, and it is more prone to attack those in poor circumstances, and it may be owing to causes of this kind that I have not met with it as an epidemic. Still, I am told of its ravages, and am constantly receiving communications of its fatality in certain parts of the State, and even in this city.

With regard to the local appearances of the throat in this *membranous angina;* at first there is a slight redness and tumefaction of the mucous membrane of the tonsils and velum. Very soon, sometimes when first examined by the physician, there is found a deposit of a membranous kind, coming out in small patches, and moderately constant. They may be on the velum, or on the palate; the patches finally running together and coating the whole fauces; the appearance of the membrane varying much in different cases and in different epidemics. Sometimes it is of a pale ash color; at other times of a yellowish tint. In some instances it is comparatively white; though in all cases of an angina of the simplest character there is apt to be a slight white deposit; but it is only when the deposit assumes more of an ashy hue, or straw tint, that it is really entitled to the name of diphtheria. Its consistency too, varies. At times it is soft and pulpaceous, and can be broken down by the end of a brush or a spoon; at other times it is a tough membrane, like leather, and can be torn into shreds.

This difference in its appearance and consistency depends upon the sthenic or asthenic condition of the system at the time of attack.

In connection with this deposit, early in the disease, the cervical glands often become considerably enlarged, so that it is often difficult for the patient to open his mouth. They seldom suppurate, however; not so commonly as in cases of malignant scarlatina.

This exudation is by no means confined to the throat. Often it travels back and invades the nostrils, blocking up the nasal passages, giving rise to acrid and offensive discharges, which often excoriate the upper lip. The angles of the mouth too, are often ulcerated, with the same deposit upon them. So with the eyelids; it is sometimes found there; and the genital organs are not always exempt, for it has been found on the vulva, and on the prepuce; and it may occur on every mucous membrane communicating with the exterior air.

It will often travel down and invade the larynx, which complication constitutes its great danger, producing the malignant membranous form of croup, which very generally proves fatal. It will sometimes attack an abraded surface. In lancing the gums, I have known the small wound produced to become covered with the diphtheritic deposit. It will occur on the vesicated surface where a blister has been applied; and if there be any disposition to soreness behind the ears, it will take on the same deposit. I remember a case of croup I attended some years ago, evidently diphtheritic, in which tracheotomy was performed, and the whole wound became pasted over with this same diphtheritic deposit.

Sometimes there is a discharge of blood from the mucous membranes, which are in a soft condition, and the blood will ooze out, sometimes through the nose, and sometimes through the mouth. These deposits often undergo decomposition, and the breath becomes fetid, closely resembling the odor of gangrene, on which account it is called *putrid sore throat.* There is no absolute gangrene or ulceration as a rule, but this fetid discharge is generally consequent on *putrefaction of the membrane.*

With regard to the *general symptoms.* There are few diseases, indeed, which present less great diversities as far as general symptoms are concerned.

In the sporadic form of a sthenic character it is almost a local affection, with little or no constitutional disturbance, and that which finally comes on, appears to be merely sympathetic with the local disease.

In the adynamic form, particularly when the disease is epidemic, there is considerable constitutional disturbance. Oftentimes there will be a very frequent, irregular, and feeble pulse, with great pallor of the countenance; everything showing great prostration of the system; and sometimes there will be passive hæmorrhage, so that, in order to give you a correct idea of the disease, I shall be obliged to mention one or two varieties. First, with regard to the simple, sporadic form. This is seldom attended with much constitutional disturbance, and does not even set in with a chill or rigor, the first intimation of its existence being a slight uneasy sensation in the throat, which, on examination, is found covered with the diphtheritic exudation. Even

this disease, slight as it appears, sometimes extends down insidiously into the larynx, becoming a very serious malady. In the epidemic, malignant, and adynamic form of diphtheria, it is ushered in with a distinct chill, followed by severe headache; the pulse irregular and rapid, the countenance pale, with great prostration of physical strength; and the deposit, instead of being white, is often yellow. It is preceded by a purple redness and tumefaction of the mucous membrane. Not unfrequently, in this form, the membrane is dark, gray, pulpaceous, soft, and easily broken up by the finger, or end of a spoon; is attended with a fetid breath, with great difficulty of swallowing and breathing; considerable tumefaction of the sub-maxillary glands, and a strong tendency to fall on the air passages, creeping down sometimes through the whole length of the larynx and trachea, and even involving the bronchial tubes.

I remember seeing a case where in an examination after death from this cause, the membrane was found to extend throughout the whole length of the bronchial tubes as far as they could be traced.

There is an ulcerative form of the disease spoken of, in which the mucous membrane is said to be ulcerated, with this deposition on it, and in agangrenous condition. Bretonneau denies this being the case, and I have myself serious doubts as to its truth. There may be occasionally an ulceration, but it is a very rare thing.

The deposit is often surrounded with a tumefied condition of the mucous membrane, and it *looks*, sometimes, like an excavated ulcer, but it is not really an ulcer; and the gangrenous discharge is often owing merely to putrefaction of the membrane, and not to any real gangrene itself, though recent observation shows that such occasionally does occur, and it is supposed that some of the epidemics have taken on this condition; but cases of this kind, which have prevailed as epidemics, I think are really *cases of scarlatina and not diphtheria.*

When we consider the diagnosis of the disease the question will come up *whether diphtheria is not really scarlatina?* and it is one of the most interesting points in the consideration of the disease,—the difference between malignant scarlatina and epidemic diphtheria.

With regard to its fatality: in the sporadic form, and particularly that of a sthenic character, if the medical attendant is called early to the case it is usually very controllable; but generally in these cases there is so little to excite the suspicion of the patient, that before the physician is called to the case, the disease has already approached the chink of the glottis, and produced laryngitis, when it becomes a very dangerous disease, no matter how mild it may have been up to that time.

The malignant form of the disease is altogether a more serious matter. It is not merely the implication of the larynx which complicates it now. Once it was supposed that as long as it did not invade the air-passages there was no danger; but sometimes it occurs without the larynx being at all encroached upon, and *being a blood disease*, it yet proves fatal. Sometimes, like some forms of scarlatina, it proves fatal without our being able to find any local cause to account for the result. And even when convalescence has commenced, we are not safe as to the prognosis.

With regard to the anatomical characters of this affection, Bretonneau has shown conclusively that it is seldom connected with any destruction of the tissues about the throat. It has been stated, in opposition to this, that after the disease, frequently the tonsils and velum are much contracted, which condition must be owing to some destruction of surface. This result and contraction of these parts may, however, be readily explained upon the ground that the grade of the inflammatory disease being of a low vitality, the effusions are not fully organized, and one of the effects of this aplastic deposit is to gradually contract when not fully organized. This is the view of Bretonneau, of Rilliet and Barthez, and most of the French pathologists, and of the highest British authorities, and of a great many of the best authorities of our own country.

The mucous membrane sometimes under this deposit presents a slightly worm-eaten appearance, and is infiltrated with a sanious matter.

The deposit differs from coagulating lymph in the fact that it is not susceptible of organization. It has sometimes been called aplastic, insusceptible of being converted into a membrane; and the usual product of inflammation is the formation of a false membrane, but this is of a low vitality. Rokitansky contends, that occasionally this exudation is exceedingly corrosive in its character, and this produces a superficial abrasion of the tissues giving the worm-eaten appearance sometimes presented.

There are *sequelæ* following attacks of diph-

theria which occasionally give rise to fatal results, after the disease which developed them has itself subsided.

One of the most prominent effects after the lapse of some time is exceedingly great and prostrating debility, total loss of appetite, and even general paralysis; incomplete, or more or less paralysis of the upper and lower extremities; and even such great prostration, that the patient can hardly speak; with this great prostration there is a tendency to syncope, and there are many cases on record where a person allowed to get up too soon, or too suddenly, has died in consequence.

I remember having seen the case of a child who had been attacked with the disease, and after its apparent recovery was allowed to play with its toys, and died in consequence. In an examination after death, the blood was found accumulated in the heart, and a clot formed, having the appearance of a polypus. This fatal syncope was the result of the child being placed on its feet too soon.

Another common sequel is *albuminurea;* also dropsy; occasionally purulent discharges from the ears, in connection with the excessive prostration already spoken of.

These sequelæ are very similar to those which follow scarlatina, which we know to be dropsy, albuminurea, great prostration, and purulent discharges from the ear.

With regard to the time of life at which diphtheria occurs, it is supposed to be almost confined to children; and there is no doubt that it is much more frequent in children than in adults; and yet when it prevails as an epidemic it at once attacks adults. I have seen it even in quite old people.

This peculiarity of its being chiefly confined to children may be explained by the fact that in early life, the blood abounds in fibrine; and there is in children an unusual amount of this deposited in all inflammations, as in pneumonia, pleurisy, etc., which sometimes takes months to be absorbed or organized. If the child is in a sthenic state when attacked with an inflammation, there is healthy fibrine exuded, susceptible of organization; but if the child is in an asthenic state, there is an aplastic material thrown out.

Causes of Diphtheria.—According to Rilliet and Barthez, Trousseau, Bretonneau, and other high French authorities, this disease is contagious. These gentlemen contend that the attendants and physicians who wait on this class of patients are very subject to membranous angina; yet some of these gentlemen who attempted it have failed in all their endeavors to propagate the disease by inoculation. But this proves nothing as to its non-contagious nature, for the same is true of scarlatina, which cannot be reproduced by inoculation. We must bear in mind that we are certain of one thing, that it prevails as an epidemic disease, and when a disease is epidemic, it is difficult to distinguish between contagion and epidemic influences. The mere fact that a number of persons in the same family contract the disease is no positive proof of its being contagious; for members of the same family, and living together, are subjected to the same hygienic, dietetic, and other influences, and it cannot be therefore strange that the same disease should attack different members of one family, for we often see all the children in one family sick at the same time, and with only a common catarrh.

Moreover, Trousseau states that he has repeatedly seen second attacks of diphtheria, which circumstance is not in conformity with the rules of contagion; and yet, even acknowledged contagious diseases are occasionally repeated in the same individual; but if one attack is no protection whatever against the occurrence of subsequent attacks, this is a strong argument to exclude diphtheria from the list of contagious diseases. It is also very seldom that it has not, from time immemorial, prevailed as a sporadic affection. It is not so common a thing to find a contagious disease sporadic; true, small-pox, scarlet fever, and rubeola may exist sometimes as sporadic diseases, but they are exceptions to the rule regarding contagious diseases; and diphtheria prevails much more frequently as a sporadic disease than it does as an epidemic.

Some of the highest authorities in England do not consider this disease contagious. They believe that what has been attributed to contagion is really owing to epidemic influences.

We know, with regard to yellow fever, that the generally received opinion among the profession is, that it is not contagious; but every individual going into the district where it is prevailing, owing to the peculiarity of the poison there existing, is liable to contract the disease; but it does not produce a *materies morbi* susceptible of reproducing itself, and this is the light in which the British authorities contend that it is not contagious.

With regard to the production of a membra-

nous angina in those who nurse the sick with diphtheria, the opinion might be offered in explanation that the circumstances of confinement, etc., in the peculiar atmosphere, may cause the production of some irritating matter in the fauces, which, if it should reach the larynx of the individual, might there, owing to peculiar epidemic influences, set up an irritation which would end in the formation of false membrane. But this question is still in a measure *sub judice.* There are some good reasons to believe that it is contagious, and as many to disbelieve it; and in cases of doubt, there is always a safe side to take.

I would act as though it were contagious, and withdraw children from its influence, and not advise a nurse or attendant to inhale the breath of the patient, to see whether the disease can be taken or not.

I rather disincline to the opinion of its being contagious, but in practice I should act on the safe side.

Moisture, dampness, and certain sudden atmospheric influences, do often develope it, by exciting an inflammation, which, under ordinary circumstances, would be but ordinary angina; but when this epidemic condition of the atmosphere exists, it may turn out to be malignant sore throat; and, I think, that sometimes persons of low vital powers, particularly of the scrofulous diathesis, are more disposed to it. Several families that I knew of, where all the members contracted the disease, and several died with malignant croup, were of the scrofulous diathesis. The poor, whose food is deficient in quality, and who live in crowded quarters with poor ventilation in their houses, are especially prone to the disease.

The *duration* of the disease is very different in different cases. Sometimes the patient will get well in four or five days, and sometimes the disease will last for several weeks. The sequelæ are numerous, and the prostration sometimes very protracted, but the disease properly terminates in from five to fifteen days.

(*To be continued.*)

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Complete Absence of the Vagina.—At a meeting of the Society of Surgery, (Paris,) M. Verneuil related a case occurring in the practice of Dr. Patry in which, in a girl seventeen years of age, there was an entire absence of the vagina, when the usual general phenomena of menstruation took place. An artificial vagina was established. The patient has been married since eight years, continues to menstruate regularly, but has never been pregnant.

Cases of Abnormal Urinary Deposits.

By A. W. Woodhull, M. D.,
Of Newark, N. J.

Case 3.—*Oxalate of Lime.*—Mrs. R., aged 35, has been a widow thirteen months; has one child three years old. She is a small, delicate looking woman, and at the time she came under treatment was extremely emaciated; her complexion was pale and anæmic; her countenance wore an expression of great anxiety; her appetite was various, some times almost voracious, and she had frequent emesis; her head constantly ached; her bowels were habitually costive; her menses were regular, but very profuse, frequently lasting for two weeks; she had no leucorrhœa; she had repeated palpitations of the heart, accompanied by vertigo, dyspnœa, and fainting, and sharp, lancinating pains through the cardiac region, often shooting up to the top of the left scapula; she was very nervous and excitable, and labored under great mental depression.

An examination revealed a crop of tubercles in the top of each lung—more in the left, involving the greater part of the upper lobe; and there also existed hypertrophy of the left ventricle of the heart.

A specimen of urine was obtained. Its color was pale. Specific gravity, 1021—acid. In every 1,000 grains of fluid there were 49 grains of solid matter. It threw down a deposit of urates, accompanied by large quantities of mucus, and, when prepared for the microscope, exhibited immense numbers of beautiful octohedra crystals of the oxalate of lime. It was never my privilege to see crystals of this salt present in greater numbers in *any* specimen of urine.

Treatment.—Her bowels were opened by a mild mercurial aperient, and she was given the following modification of the nitro-hydrochloric mixture prescribed in *Case* No. 2:—

℞. Acidi. nitrici. dil. ℥ss.
Acidi. hydrochlor. dil. ℥j.
Tr. nucis vomicæ, ℥iij.
Tr. valerianæ, ℥v.
Infus. serpentariæ, ℥vii

Cap. coch. mag. ter in die. M.

Under this treatment alone the oxalate soon began very sensibly to diminish, and in six weeks no traces of it could be found. She was subsequently put upon cod-liver oil and compound tincture of cinchona, being allowed a glass of London porter daily, with the most generous food as soon as her digestive functions were sufficiently improved, and she was advised

to take plenty of out-door exercise. This regimen was continued for four or five months, at the end of which time her recovery seemed as complete as could be expected during the existence of so great a tubercular deposit in the lungs. She gained flesh, her appetite became good and equable, her cough slight, and her expectoration much less than it formerly had been. She now has general good spirits, is regular in her functions, and is free from all pain. Upon over-exertion, however, producing fatigue, she still has the dyspnœa and vertigo, but no fainting; rest and quiet soon restore her. The persistence of these symptoms is, doubtless, owing to the organic cardiac lesion described at the first examination.

General Remarks on Oxalate of Lime, continued from page 274—*Pathology.*—By far the greatest interest connected with oxalate of lime is in relation to its pathological origin. Various theories have, from time to time, been advanced, many of which have been successfully refuted, while concerning some there is yet ample opportunity for study and speculation.

The "sugar theory" was at one time all in vogue, and not to receive it was a cause sufficient to convict any practitioner of a medical heresy. This theory was based upon the supposed connection between sugar and oxalate of lime; and it must be conceded that this relation, at first glance, may seem extremely plausible. Sugar forms a very considerable item in our ordinary diet, for we know that all farinaceous and amylaceous substances, with gum, woody fibre, and the celulose of plants, which closely resemble each other in the proportion of their elements, are partially converted into sugar during the process of digestion. We know also that glucose, or "grape-sugar," which is the saccharine compound most commonly present in fruits, is often present in the blood in large quantities, being by some considered a normal constituent thereof, and is often eliminated by the kidneys. Now, when we bring to mind the facility with which sugar itself, or those substances just mentioned, which may partially become sugar, are, under the influence of oxidizing agents out of the body, converted into oxalic acid, and with the evidence to prove that some of the symptoms in the oxalic diathesis, under certain conditions, bear a very close relation to those of diabetes, the conclusion is very natural that the one owes its presence to the existence of the other, or, at least, to refer them, in their source and pathological relations, to the same systemic derangement. But the opinion is becoming more and more general, that there are considerations of sufficient weight to prove that sugar is not the source of the oxalate of lime. Sugar is seldom found in oxalic urine; it is the rare exception. Oxalate of lime is rarely found in diabetic urine. Diabetic urine very seldom contains, in any excess, either urea, uric acid, or the urates, and even when they are present in larger than a normal proportion, the excess is never great; the high specific gravity depends upon the presence of the large proportion of sugar alone. In oxalic urine, on the other hand, in the great majority of instances urea is present in large excess, and the density of the fluid increases with the quantity of it present. Uric acid and the urates are also frequently found in large excess.

As regards the symptoms existing in those conditions which severally produce oxalic and diabetic urine, in spite of the assertions of many observers, very few resemblances can be traced. Take the one element quantity: in the one we seldom find any departure from the normal standard of health, from twenty to forty ounces daily,—while in the other it is not unusual that as many *pints* should be voided in the same time; while good authorities tell us that seventy to eighty pints—and, indeed, an Italian physician assures us that two hundred pints—were passed in twenty-four hours!

So in the one we find no thirst; in the other, thirst intolerable.

Then, again, observe the density of the two kinds: that of the one seldom varies much from the standard of health, and when it does it is due to an excess of urea,—while, in the case of the other, the specific gravity is so constantly high that it is often one of the first and best indications of its true nature, usually being as high as 1035 to 1045, and occasionally as high as 1060, owing entirely to the presence of sugar; for, when it is removed, the density again becomes normal.

So that, notwithstanding the facility with which, under certain circumstances, sugar may be converted into oxalic acid, and the fact that both are often eliminated by the kidneys in conjunction with a few symptoms which may bear a resemblance, still there is not sufficient cause to induce the belief that the one is produced by the other, or, indeed, that they have a common origin.

What, then, is the source of oxalate of lime? The researches of Dr. Prout satisfactorily prove that, in the vast majority of cases, it may be referred to a derangement or unhealthy condition of the digestive and assimilative organs, especially the stomach, duodenum, and liver. A slight consideration of the symptoms in such cases, strengthened by the fact that the quantity of the oxalate is, to a very considerable extent, under the control of diet, some articles of food, containing no oxalic acid surely, causing the excretion of the oxalate in large quantities, while others will nearly check it, and, further, keeping in view the fact that the oxalate is usually greatest after a full meal, frequently disappearing when the diet is well regulated, and reappearing on the use of unwholesome food, renders this conclusion extremely probable, while the researches of organic chemistry have proved it almost to a demonstration.

The prejudices existing in the minds of many to what is termed "chemical theories" or "chemical medicines," are well known and fully appreciated.

Equal injury may be done to the cause of medicine by men who are too prone to run into speculation, and those who wholly ignore the affinities and relations a sound science has developed. The opinions of the latter are frequently met with, especially in regard to those substances under consideration.

It undoubtedly will never do to lose sight of the active vital power of the system itself, or the functional conditions depending upon this power, no matter how labored or erudite may be the researches of the chemist in developing the primary combinations or atomic affinities existing in urinary deposits.

The chemical relations of these constituents of the urine, as they exist, related to those powers or functions of the body which should ever engross our greatest attention, can only be guides or aids to diagnosis and treatment. Keeping these ideas in view, "chemical theories" may be of the greatest value and assistance.

As a good example, we may take the salt in question. We are familiar with urea; we know its properties and its source, and we properly class it by far the most important nitrogenized excrementitious substance in the human body. With uric acid, also, we are familiar. We know also, that, in any derangement of the assimilative functions, urea is excreted in the urine in very large quantities. Experience tells us that there may be large quantities of this substance drained off from the system without there being present the least trace of the oxalate of lime; yet we very seldom find the oxalate unaccompanied by urea—the former in direct ratio to the latter. But it is reserved for chemical science to demonstrate the facility with which oxalic acid, with other adventitious substances, may be derived from urea. With these data, the conclusion seems irresistible that such may sometimes be the result. The following formula (after Golding Bird) will present the relation in a clear light:—

	C.	N.	H.	O.		C.	N.	H.	O.	
1 atom urea,	2,	2,	4,	2,		2,			3,	1 at. oxalic acid.
2 atoms water,			2,	2,	=		2,	6,		2 at. ammonia.
									1,	1 at oxygen.
	2,	2,	6,	4.		2,	2,	6,	4	

So that, if we agree with recent physiologists that urea exists in the blood, and it is the office of the kidneys to separate it, we find the changes very slight by which, in the elimination from the blood, urea may be converted into oxalic acid and ammonia, merely by the appropriation of two atoms of water and the evolution of one atom of oxygen.

These changes might readily take place, even if the statement of some observers, that oxalic acid never is found in the blood, were true; but the researches of Dr. Garrod have demonstrated beyond a doubt, that even crystals of the oxalate of lime itself may sometimes be obtained from that fluid.

Further, we are well aware that in some diseased conditions, characterized by great nervous depression, and especially affecting the renal functions, as low typhus fever or spinal injuries, one atom of urea with two of water may be resolved into two atoms of carbonate of ammonia, as may be shown in the last formula. We may very readily conceive of a slight modication of this influence which shall result in the formation of oxalate of ammonia plus one atom of oxygen, as above.

Prof. Liebig has adduced a formula for the purpose of proving oxalic acid a derivative of uric acid. This seems very plausible, and, in the majority of instances, is probably a correct demonstration of the changes which take place; for we know that, if sufficient oxygen and water be conveyed into the arterial blood, the greater part of the uric acid may be converted into urea and carbonic acid. But, in certain diseased conditions, we have the nervous system depressed, the nervous influence exerted over the functions of the kidneys is impaired,

and a different combination takes place; instead of the carbonic acid, ($C O_2$,) we find oxalic acid, ($C_2 O_3$,) by the appropriation of merely one atom each of carbon and oxygen.

It will be seen, also, that this combination presents the necessity of the presence of large quantity of urea, which agrees perfectly with the condition of the urine when the oxalate is present.

Liebig's Formula.

	C.	N.	H.	O.		C.	N.	H.	O.	
1 at. uric acid,	10,	4,	4,	6,	=	4,	4,	8,	4,	2 at. urea.
4 at. water,			4,	4,		6,			9,	3 at. oxalic acid.
3 at. oxygen,				3,						
	10,	4,	8,	13,		10,	4,	8,	13.	

This theory carries with it the authority of perhaps the greatest of analytical chemists, while its simplicity and directness must commend it to every careful observer.

When we consider the close relation existing between uric acid and urea, it must be a matter of but secondary importance whether oxalic acid be derived from the one or the other.

There is another consideration to prove the existence of a natural relation, or alternation between the deposits of uric and of oxalic acids; the latter being found to replace the former when more exercise is taken by the subjects of them, produced by the higher oxygenation which the augmented respiration will tend to produce.

The facility with which uric acid may be converted into oxalic acid is well shown by the changes which have been observed to take place in guano, one of our commonest fertilizers; when recent, it contains large quantities of urate of ammonia; but in a short time, often less than is necessary to transport it to this country, it is entirely replaced by the oxalate of the same salt.

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Questions and Answers.—The miserable, *pons asinorum* way, of committing the science of medicine and its various branches to memory by the process, called "*Cramming,*" does not seem to be in vogue among some of the students in this country alone. It seems that M. Girondet, professor of anatomy in the medical school at Tours, France, has published an anatomical catechism, in noticing which, our friend, the *Gaz. Hebdomad.*, gives utterance to the following very just and very true remarks:

"We wish such books were practically as useful as the author promises himself, yet we cannot help but doubt it. Anatomy cannot be learned like the catechism; there is but one book in which it can be studied, that is the cadaver."

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries. From the French of Dr. Jules Worms, (Gaz. Hebdomad.,) with an Introduction.

By O. D. Palmer, M. D.,

Of Zelienople, Pa.

(*Continued from page* 335.)

The American surgeons have been first in giving due prominence to the operation for the extirpation of ovarian tumors. It was in 1809 that Dr. McDowell, (of Kentucky,) following in the track, first pointed out in France by L'Aumonier at the close of the last century, first operated and repeated ovariotomy eight times. In the next twenty years he found but few imitators in his own country, but since 1840 the publications of the New Continent afford the reports of numerous cases of this operation. The American surgeons that have the most frequently performed it during the period intimated, are Drs. Atlee, Peaslee, and Dunlap.

Among the American cases there are a certain number that possess the true character of accuracy and authenticity; but these last we are compelled to avow are not the majority. And, beside, if we were permitted to consider all the cases announced by the Americans, fortunate and unfortunate, as strictly authentic, it would not be logical to wish to draw deductions practically applicable to French surgery, from the results obtained from a country so little similar to our own in climate, and in the race often of the women submitted to the operation. (Negresses!) Likewise it has seemed to me preferable not to adduce the examples brought from this country. There is, perhaps, some injustice in maintaining an exclusion so absolute, but this cannot be avoided without resulting in a confusion that would subject the most reliable facts to some discredit.

After the extirpation of ovarian tumors had become frequent in America, it found sufficiently numerous adepts in Germany and England. In the former of these countries, it began to be practiced in 1819, and some years afterward the most illustrious German surgeons employed the knife in ovarian tumors. These were particularly Dieffenbach, Kiwisch, Heyfelder, Siebold, Scanzonie, and Langenbeck. Names such as these were sufficiently influen-

tial to secure, for a while at least, renowned defenders of ovariotomy in Germany.

It would seem, however, that for three or four years past a contrary sentiment has prevailed, for, during this epoch, the practice of German surgeons has furnished no new examples. The failures, which in this country have been more numerous than everywhere else, in spite of the well known *habitité* of the greater number of operators, have probably been the cause of this new turn of opinion. But the history of a certain number of operations has been reported, and will furnish us useful instructions.

Whilst it seems to be momentarily abandoned in Germany, ovariotomy becomes more and more frequent in England. Lizars practiced it for the first time in 1825. It was repeated about 1840 by Messrs. Clay, Lane, Bird, etc., who performed it very often at that period, and since. Dr. Charles Clay, of Manchester, is certainly the surgeon of the whole world, who has most frequently extirpated ovarian tumors. He has published a great number of cases, very much in detail, and highly interesting, both in a special memoir, and in periodical publications. Dr. Clay has been pleased to indicate to me himself the general results his practice has furnished him. He wrote 8th April, 1860, that up to that day he had extirpated 93 ovarian tumors, and of this number 64 women have been perfectly cured, and 29 have died. The result of the last year's operations has been more fortunate than those of the first. The progression was as follows:

Of the 20 first cases, there were 12 cures; of the 20 succeeding, 14; and of the 53 last cases, there were 38 cures.

For four or five years in the schools of medicine, of England, the Professors of Surgery have adopted extirpation as a means of radical cure of ovarian tumors, and to Drs. Clay, Bird, Lane, and Baker Brown, and many others, have been added Professors Hutchinson, Erichson, and Spencer Wells, all three London Professors and Surgeons of large Hospitals; Prof. Murray Humphrey, of Cambridge, and Dr. Simpson, of Edinburgh, accoucheur to the Queen, well known in France from his numerous works. He has lent to the others his moral weight by proclaiming through his lectures, illustrious in all England, the legitimacy of ovariotomy.

Among the operators named above, Dr. Spencer Wells is particularly remarkable for his great sincerity and accuracy, manifest in the publication of cases from his private practice, and in the application of principles sometimes new, but always judicious in the indications and method of the operation. On making his initial trial in 1858, he agreed publicly to make known all the extirpations he should accomplish. This has not been a painful task up to the present time, as he has radically cured 11 of the 19 women on whom he has operated.

The successes of Mr. Spencer Wells depend, in my opinion, upon his manner of determining the indications, and proceeding to their execution.

As his cases otherwise present almost all the circumstances liable to be encountered by the surgeon, we may consider them as a source of study of great importance.

The preceding paragraphs aim to indicate, in a general manner, the progress of ovariotomy from its origin, and the state in which it remains at the present time; and also to call attention to the circumstances that effect the value of those documents now belonging to science.

It now remains to examine the question to its foundation, and it may be proper, perhaps, in the beginning to endeavor to demonstrate by a few facts, that women, whose lives have been seriously compromised by ovarian tumors, and who could not have been cured by the ordinary means resorted to in France, have recovered perfect health after the extirpation of the tumor.

I take at random two cases, from among those published by Mr. Spencer Wells. They are the two first by order of time in the publication.

Case 1. *Multilocular Ovarian Cyst—Seven Times Tapped—Twice Tincture of Iodine Injected—Ovariotomy—Cure.*—Emma Bonnee, unmarried, aged 29 years, entered the Samaritan Hospital, 9th February, 1858, and was placed under my charge. She had been at service, and had had good health up to the age of twenty-two years; at this period, she experienced a pain, extending from her left flank to the groin. It was not till five years afterward she perceived the existence of a tumor. This increased considerably in the space of a year, and two years since she entered Guy's Hospital, and was tapped by the late Dr. Lever. She re-entered at the end of six months, and was again tapped the second time, and then the third. In thirteen

weeks later again tapped at Lambeth by Mr. Buller. In the two following months she was tapped four times. At each time an average of 13 lbs. of water was evacuated. At one time tinct. of iodine was injected, but instead of diminishing the accumulation of water, it seemed to have a contrary effect, the water increasing more rapidly. When this unfortunate woman entered the Samaritan Hospital, it was evident her life was greatly compromised by the rapid re-accumulation of the fluid. But as, at the time, her constitution offered still a certain resistance, as she wished to be delivered at all hazards from a disease that rendered her life miserable, after consulting my colleagues, I decided to resort to the extirpation of the tumor. The operation was performed the 19th February, 1859.

I made an incision of three inches along the *linea alba*, beginning an inch below the umbilicus. I exposed the cyst and in laying it bare found it adherent to the walls of the abdomen. After having broken many of the adhesions, I punctured the principal sac, and emptied it of its contents. I could perceive other smaller sacs, and convinced myself that the adhesions to the abdominal parietes were very firm, and extensive on both sides.

At this discovery, one of the assistants inquired whether it was necessary to continue the operation. My opinion was that it was more dangerous to desist than to proceed, and I succeeded in breaking up the adhesions by passing the hand between the tumor and the walls of the abdomen. Mr. Baker Brown, who was present at the operation, rendered me his assistance. A slight adhesion existed in the superior part, between the cyst and the epiploon, which was detached with the hand. The pedicle of the tumor was on the left, and three finger-breadths wide. I pierced it in two places, and tied it in three portions with cat-gut ligatures. It was too short to be secured in the wound. The right ovaria was examined, and found normal.

The ligatures of the pedicle were brought out at the inferior angle of the wound, and secured to the integument by adhesive straps. The borders of the wound were placed in exact apposition, and united by silk sutures, one superficial, the other profound. The whole abdomen was enveloped in a flannel band.

The anæthesia by chloroform had lasted forty minutes. The patient experienced nausea during the following days, but she had no real symptoms of peritonitis, and but little flatulence. The pulse, rapid and feeble during several days, recovered rapidly.

After the first day, wine and opium were administered largely.

There was no sero-purulent discharge from the wound, except at the inferior part, where the ligatures passed out. Two or three times, there was a little pain with fever, in consequence of the retention of matter, whilst the opening was closed, but in cleansing the wound, and establishing the discharge, I procured immediate ease. The bowels were not moved till the tenth day.

The wound united by the first intention, except where the ligatures passed out. These came away the twelfth day. From this time the patient recovered promptly.

She remained some time in the hospital, as an overseer; in the autumn following, she obtained a situation in a family as servant, where she remained till the commencement of the present year, performing very hard labor. She quit this service to emigrate to Australia.

January the 25th, at the time of her embarkation, Dr. West was very anxious to examine this woman for me, and wrote me as follows: "As your patient had her catamenia at the time, I could not proceed to a vaginal examination, but by all the means I could put in requisition, no tumor could be perceived within the cavity of the abdomen. It is evidently a complete success."

The cyst, including its contents, weighed 26 pounds. The contents were the ordinary viscous fluid, containing some granular cells. The principal sac formed the upper part of the tumor; the inferior part consisted of a number of small cysts, filling the pelvic cavity. Though at the first view, some of these small sacs appeared independent of the main cyst, we were convinced, by an attentive examination, that they were connected with it by a common enveloping membrane.

Without in any manner intending to draw a general deduction from this case, we may say, nevertheless, that the result obtained is very favorable for the patient. The rapid development of the tumor, the constant reproduction of the fluid, after many repeated tappings, followed in two instances by iodine injections, the multilocular form of the ovarian degeneracy,—all these signs do not permit a doubt concerning the fatal issue of the disease left to itself. In what length of time would death probably take

place? How long could the end be delayed? It is difficult, assuredly, to determine this period; but judging from analogy, and considering the *immense majority* of cases that are presented under similar conditions, and in which the accumulation of fluid demands frequent tappings, we may well judge that this fatal termination could not be very distant. A whole year had passed between the period of the operation and that of the departure of this woman. We can trace her steps during this epoch, and she was examined at the time of her departure. We may, therefore, consider her as completely cured.

Case 2.—Multilocular Ovarian Cyst, tapped three times—Ovariotomy—Adhesion to the liver—Cure.—A married woman, aged 28 years, was sent to me in July, 1858, by Dr. Otway, (Dover.) She had been married for seven years, and had had three living children. She had had a good recovery from her last confinement, which had taken place two years and four months before I saw her for the first time; but she had remarked that her abdomen had not diminished as much in size, as after other confinements; she was unable to inform me precisely when she first remarked the existence of the tumor; her abdomen seemed constantly increasing, since her accouchment, till March, 1858. At this period Dr. Otway tapped her for the first time, and drew off 18 lbs. of clear serous fluid.

The sac refilled rapidly, and a second tapping was made in the month of June, and this time there was discharged 17 lbs. of a more thick fluid. Six weeks after the second tapping, she came to London, suffering much from the oppression caused by the reproduction of the fluid. Her menstruation, which at other times was very regular, had missed for eleven weeks. She could not be admitted immediately into the hospital; her respiration becoming oppressed again on account of the reproduction of the water, I again tapped her, at her residence in London, and evacuated 14 lbs. of thick fluid. When the cyst was emptied, I could perceive a large seperate sac, with multiple smaller sacs, in the right side; this adhered in great measure to the parietes of the abdomen.

The cyst filling anew, the general health being tolerably good, the patient wishing to be rid of her tumor, though explicitly instructed of the danger of the operation, I undertook it the 11th August, 1858, after having taken the advice of my colleagues.

Wishing to prevent vomiting after the operation, I had her take ice two hours beforehand; to produce anæsthesia, a mixture of six parts of ether, with one of chloroform, was employed, and Dr. Richardson undertook to administer it.

I thought I might be able to finish the operation by making only a small incision in the abdomen, but the extraction of the main sack was obstructed by the adhesions of the smaller cysts; these intimate attachments compelled me to enlarge the opening, and divide the cyst, in order to extract it. The smaller cysts, situated on the right and higher up, were likewise attached to the inferior face of the liver and gall bladder, and it is readily comprehended what care was necessary to detach them.

The pedicle was tied in four portions by means of a solid flaxen thread; each portion was as thick as the finger, and of sufficient length to be maintained between the lips of the wound. This last was closed by the twisted or hare-lip suture, the last needle retaining at the same time the walls of the abdomen and the pedicle of the tumor so that it could not escape into the cavity. The cyst weighed 1 lb. 5 oz., and its contents 29 lbs.

The patient passed a good night. She slept some, and at the same time pretended to experience less fatigue than after the birth of a child. A grain of opium had been given every three hours, but the mode of administering it having occasioned nausea, suppositories of morphia were substituted for the pills. Three times daily the water was drawn off by means of a cathetre.

On the third day there was a little diarrhœa, which was arrested almost immediately; the wound cicatrized by the first intention. Up to the eighth day the pulse varied between 120 and 140 pulsations; after that it fell to 100. From the eighth day the patient was able to sit up in bed and occupy herself with the needle.

The ninth day the pedicle was almost completely mortified except at one point, where I had previously removed the old thread and substituted a new one. The other ligatures fell off with the eschar; the last thread fell off the tenth day with the last portion of the sloughing pedicle. From this point of time her powers returned rapidly, and the wound being completely closed, this woman quitted the hospital three weeks after the operation.

Dr. Otway (of Dover) visited the patient at the close of February, 1859, six months after the operation, and wrote me that he found her at

the wash-house, where she had remained the whole day. She remarked to this physician that she had never enjoyed better health in her life than at the present time; that she attended to all the work in the house; that she sometimes went on foot nine miles to St. Marguirite bay; that, in short, she could not wish to be in better health.

Her appearance, so livid and thin before, is at present as fresh as a rose. Her menstruation has appeared but once since her leaving the hospital, and as her breasts are slightly tumefied, she is inclined to believe herself pregnant.

The remarks made in connection with the preceding case are applicable here. The tappings with this woman had been repeated frequently, and she was marching rapidly to the grave. In her case, was it proper that the extirpation should have preceded the use of iodine injected into the sac? The nature of the *thick* fluid it contained allow us to remark that an additional danger would have been incurred in making the trial. The warmest advocates, among the French Surgeons, of iodine injections, are unanimous in regarding the effects of this method as of no account in procuring a radical cure, where the fluid in the cyst is *thick*.

The last intelligence obtained of the woman, who was the subject of this second case, was as particular as possible, and was to the effect that she was cured.

If I have commenced by adducing the successful cases of ovariotomy, it is not, assuredly, for the purpose of exalting the advantages of this operation beyond its deserts; I have wished simply to dissipate a very legitimate doubt, which enthusiastic exaggerations had been the means of throwing around some indubitably successful cases, however rare these may have been.

The reverse should be exposed with equal readiness, as this is necessary, in order to throw light upon one of the most difficult problems that can be proposed to the conscience and responsibility of a physician.

(*To be continued.*)

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Medical Practitioners in Prussia.—At the end of 1859 there were for the entire Prussian Kingdom, 1 physician to 4,099 inhabitants, 1 surgeon (an inferior practitioner) to 10,823, 1 apothecary to 11,602, and 1 midwife to 1554 inhabitants. Of course the proportion differs in different parts of the kingdom, and in the capital is as follows: 1 physician to 953 inhabitants, 1 surgeon to 4,477, 1 apothecary to 11,710, and 1 midwife to 3,198.—*Berlin Med. Zeit., No.* 45.

COMMUNICATIONS.

Poisoning by Jessamine.

A Case occurring in the Practice of Dr. C. E. Halsey.

By W. H. Hall, M. D.,
Of Brooklyn, N. Y.

A. B., a lad, eleven years of age, having eaten the fruit or berries of the jessamine plant, presented the following symptoms. The patient was discovered lying on the floor of his room in a "fainting fit," so called by his parents, and it was evident there had been some slight emesis. On being called in I found the child in a comatose condition; face pallid, surface cool, pupils immoderately dilated, respiration somewhat ronchous, but of usual frequency. The pulse slow and feeble; perfect insensibility. Inquiring of the mother whether the child could have swallowed anything of a poisonous nature, I was answered in the negative. Soon, however, the father of the child returning home, informed me that the patient had been eating jessamine berries. I should state that an emetic had been administered but was not effectual; now more was given, using severally sulphate of copper, ipecacuanha, mustard and warm water, none of which acted.

Muscular movements were observed first about the eyes and face, especially the left side, toward which the eyes and facial muscles were directed. The hot bath was ordered, and while preparing, which occupied some little time, these growing symptoms were gradually becoming more and more aggravated, going from the head to the left arm, then to the left lower extremity, till, finally, the whole body was thrown into the most violent convulsions. At one time the spasms were chiefly opisthotonic, when the whole surface was congested almost to a blackened hue. The baths relieved these symptoms entirely. Throughout there was most marked rigidity about the muscles of the neck and throat. The jaws for the most part were firmly locked; complete trismus, as is often seen in tetanus.

On coming from the bath, the patient, tired and exhausted, fell into a quiet sleep, from which he awoke, to relieve by emesis his overburdened stomach. Nothing further was given, excepting a cathartic. The patient for a few days felt very weak, and almost helpless, but gradually recovered his accustomed health and strength.

Of the jessamine plant, I have thus far been unable to gain much satisfactory information either from medical books, or works on botany.

There are some twenty or thirty varieties, under the order of Jasminacæ of Linnæus, the term being derived from *ion* (a violet) and *asme* (odor.)

The plant, to which our case refers, is a shrub, with twining vine-like stem, and bearing a small red berry. It has a flavor somewhat similar to that of the tomato, and is said to afford, on distillation, an essential oil. Dunglison speaks of its use among the Italians, where it is employed as an embrocation to paralytic, and for the cure of rheumatic pains.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Service of Dr. D. Hayes Agnew.

Reported by N. G. Blalock, of N. C.

TERTIARY SYPHILIS.

A train of accidents which, in consequence of their order of appearance, are called *tertiaries*, form the subject of the present remarks. These, like the secondary manifestations, depend for their existence upon the *primary sore*. This is the fountain of all mischief. That sore may be regarded as their grandfather.

They are much less frequent in their occurrence than secondaries; they may appear without the latter ever having been present; but only when the patient has undergone a constitutional treatment for the chancre, which has so modified the system as to destroy one element or link in the ordinary pathological progress of the disease. The period at which these phenomena may appear, is exceedingly various; certainly not earlier than the sixth or seventh month. In regard to secondary syphilis, it was stated that a patient might allow his mind to rest, if he passed a year and a half without their appearance; but it is widely different with tertiaries. The physician can never designate a period which, once reached, insures an immunity from all evil consequences. Year after year may roll away, and even after all traces of the old indiscretion have passed from the mind, the patient finds himself suddenly overtaken.

The tissues involved are, in general, the fibrous and osseous; but the testes, muscles, brain, heart, lungs, all may become the seat of attack.

Here is a case of sarcocele, an illustration of one of the earliest occurrences of the class under consideration. The tumor is somewhat pyriform in shape; it is extremely hard; is not painful to pressure; the epididimis can be felt not much changed in either consistence or outline. This patient had a chancre followed by blotches over the body one year ago. But there are enlargements of the testes from various causes. Why, then call this syphilitic sarcocele? Are there any means by which we can safely pronounce on the character of this tumor? First, then, with what is it most likely to be confounded? We would say (without specifying hernia, hydrocele, etc.) with carcinoma, tubercle, and gonorrhœal enlargements. Leaving out, then, our knowledge of a previous chancre, we may attain tolerably clear differential ideas by the following considerations: This patient is twenty-five years of age. Cancer of the testicle makes its appearance, generally speaking, later in life. No induration or tenderness is discoverable along the course of the cord. In cancer, its lymphatics are apt to be affected. This tumor, which is of several months' standing, is less painful to-day than when it first appeared. This is not the history of cancerous degeneration, but just the reverse. This tumor is smooth and regular in its form. The cancerous testicle will most probably, at this stage, be nodulated. The patient before us complains of a sense of weight, but nothing more. If it were cancer, there would be more than weight: there would be lancinating pains. There is here no tendency whatever to ulceration; which is not true of cancer. Equally confident am I that this is not tubercular disease. The epididymis does not seem to be affected. Tubercular sarcocele begins, perhaps as the rule, in the former, and afterward extends to the testicle. This man has not the slightest evidence of pulmonary disease. But tubercular sarcocele is likely to coexist with the former. There is here but one organ involved. Tubercular disease attacks both almost simultaneously. This tumor is now painless. If tubercle, like cancer, it would become more painful. The case before us exhibits no tendency to suppurate. This is not the case with the tuberculous disease. Still less likely are we to confound this with the enlargements consecutive to blennorhagia. In the latter, we have the evidence of urethral disease; the inflammatory symptoms are well marked—such as pain, heat, swelling, redness, etc.; and the testis itself is not involved, but only the epididymis.

Progress.—If left to itself the plastic exudation, which penetrates the intertubular tissue of the gland, may exercise such an amount of pressure as will destroy the seminiferous tubules; after which the lymph itself may, in a great measure, spontaneously disappear. There will, in such cases, be loss of virility and atrophy of the organ. Or the plastic exudation may undergo organization; or it may have deposited in it, earthy salts, until it assumes the consistence almost of bone. The organs most prone to suffer from similar exudations are the muscles, larynx, heart, lungs, and periosteum.

That we may study another manifestation of our subject, I present this young woman. Over the spine of the tibia is a considerable enlargement, which is exquisitely tender and painful. This is technically termed a node—an inflam-

mation of the periosteum. Nodes are mostly noticed over the tibia, clavicle, ulna, bones of the cranium, inferior extremity of the radius, and sometimes the ribs. Their approach is indicated by pains, which might be mistaken for those already mentioned as preceding the eruption of *secondaries*, inasmuch as both are aggravated by the recumbent posture. The tertiary pains, however, are much more circumscribed, are aggravated by pressure, and are seated over some of the bones just specified.

Nodes I shall divide into *acute* and *chronic*—a distinction of some practical importance. The case before us is a good illustration of the first—one in which there exists active periosteal inflammation; very sensitive to the touch, with the presence of purulent matter. The chronic node is usually without much pain; at first soft—afterward becoming firm or elastic, and the skin almost unaltered, such as we have upon the cranium of this negro woman now before us.

The plastic effusion which ensues, either flows into the cells of the periosteum or beneath it. In the latter case, the membrane is detached either completely from the subjacent bone, producing necrosis; or the connecting bonds are elongated, the exudation becoming more and more firm, and finally being transformed by the deposition of salts into a hard mass, which becomes united to the bone with which it is in contact, constitutes an exostosis. Such enlargements are called *osteoscopes*. When they arrive at this stage, the pain is gone, and they remain unchanged.

From succeeding periosteal disease, or, as many allege, independent of it, the osseous tissue may become inflamed, forming syphilitic osteitis, and ending in caries or necrosis. The bones most likely to suffer are those of the head, the small spongy bones of the nasal cavities, and the palatine portions of the upper maxillaries. The two patients present, afford us examples; the mulatto woman, of necrosis of the vomer and spongy bones, attended with a peculiar intonation of the voice, and an exceedingly offensive discharge; and the negro woman, of necrosis of the cranial bones, several perforations, as you may observe, existing, almost as uniform in their outline as though they had been removed by the crown of a trephine.

Treatment.—We have no single remedy which is equal in value, in the various forms of tertiary syphilis, to the iodide of potash. Under its employment, sarcocele is rapidly resolved, chronic nodes removed, and destruction of the bones arrested. To secure the full benefit of this salt, it should be given much more largely, than it is commonly prescribed. As much as from half a drachm to two drachms may be administered with perfect safety in the course of the day, taking care to exhibit it largely diluted with syrup and water. The acute node may be treated by leeches, cold anodyne lotions and perfect rest, or, in the manner which I adopt in the present case, by introducing a small bistoury beneath the skin, and making a subcutaneous section down upon the bone. This course removes all tension, gives exit to any accumulation, and saves the bone. The after management will consist in covering the parts with lint, kept wet with mucilage and laudanum. In addition to the constitutional remedy, the resolution of chronic nodes will be promoted by painting the surface of the skin over the part affected with tincture of iodine. We must reserve other tertiary phenomena and their treatment for another occasion.

AMPUTATION THROUGH THE FOOT.

N. N., a German, aged about 27 years, was exposed to cold during a recent cold term, when his feet were frosted, followed by sloughing. The toes of the left foot were especially affected, the sloughing laying bare the phalanges, and extending some distance down to the sole of the foot. Amputation was necessary.

But in this case, an operation at the metatarso-phalangeal articulation was out of question, as the extension of the slough upon the sole of the foot prevented the formation of a flap from that source; nor would the operation, usually termed Hey's operation, which consists in the separation of the metarsal row from the tarsus, have been advisable, inasmuch as the extensive detachment of the anterior muscles would likely have been followed by the turning down of the stump, through the action of the tendo-achilles. This sequel of both Hey's and Chopart's operations, constitutes a serious objection to the amputations through the foot; the action of the powerful muscles on the back of the leg rendering a subsequent division of the tendo-achilles necessary to relieve the talipes equinus in the stump.

Hence, in the present case, amputation was performed through the middle of the metatarsal bones, for which purpose an incision was carried across the dorsum of the foot, commencing at the outer, and terminating at the inner border, the interosseal muscles separated, then the metatarsal bones divided consecutively by a pair of strong bone forceps. The amputating knife was next passed in between the bones and the sole of the foot, and a flap cut from the latter. Several small interosseal blood-vessels were secured, and the wound closed by the silver suture, supported by adhesive strips.

STRICTURE OF THE RECTUM.

A man, about 30 years of age, entered the Hospital a short time since complaining of some uneasiness about the rectum. He states that two years ago he was cut for rectal fistule, at Troy, N. Y., from which he recovered per-

fectly. Three or four months afterward, he commenced to discharge purulent matter from his rectum, intermixed with blood. His bowels became costive, seldom being open without the use of purgative medicine. His fæces, when his bowels were opened without the aid of medicine, passed from him in small cylinders, not exceeding one-quarter of an inch in diameter.

An examination was instituted with the finger, when a stricture was discovered two inches within the rectum, its opening so small as not to receive the end of the little finger.

The absence of any great amount of induration around the stricture, the long continuance of the disease without much pain, and the absence of any constitutional evidences of a cancerous cachexia, rather preclude the idea of a malignant character of the disease.

The treatment consisted in dilatation, several methods of which were mentioned by Dr. Agnew; that by graduated bougies; by the speculum introduced through the contracted portion, and then forcibly dilated by pressing together the handles, etc.

The method adopted in the present instance, was, after the patient had been etherized, to carry a piece of stout muslin, well oiled, upon the end of a female catheter into the rectum, and pressing it through the stricture. Pieces of lint were next thrust in one after another until the constriction was forcibly dilated. The impacted mass was then removed, and an injection of laudanum ordered.

The advantage thus gained was to be maintained by the occasional introduction of rectal bougies, as soon as the bowel would tolerate their employment.

Dr. Agnew made some general remarks upon strictures of the rectum. It is necessary of educating patients to introduce bougies themselves, many months after the disease is considered cured, otherwise the disease is liable to return.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

(*Continued from page* 343.)

Dr. Peter Van Buren moved that the special business of the evening be taken up.

Dr. McNulty moved a consideration of his resolutions in regard to prize essays.

Prof. Raphael thought them out of order; they involved an amendment of the constitution, and to act upon them at that meeting would be contrary to the by-laws.

Dr. Van Buren read the law upon the point.

Dr. McNulty said he was right. Notice had been given in the regular way, the resolutions formally laid over, and they came up properly at that meeting.

Dr. Van Buren spoke in reference to a notice he had given of some proposed alterations in the constitution. This he had done after advising with various members. He wished to obtain an expression of opinion before the annual election. There was ample time for so doing. The association was organized for scientific purposes, to afford instruction to the body of the profession, to engage their interest and affection. Inducements should be multiplied, and as many restrictions removed as possible.

His first proposed alteration related to the election and term of office of President and other officers. Under the old constitution the term of office was one year. He much preferred that rule to the present one, under which the tenure was two years. Individuals found the duties onerous, and by the time the term expired were glad to lay aside both responsibilities and honors. Such would not be the case were the tenure for only one year. In such case, if the incumbent was desirous of re-election, and it was agreeable to the association, that privilege might be granted. Under the existing rule, if an individual became distasteful to the society as presiding officer, the matter could not be remedied until a long time had elapsed. The same arguments applied to the case of each office. He anticipated some difference of judgment upon this subject.

The second great reform he wished to effect was a diminution in the frequency of meetings. He felt more interest in regard to this matter than in regard to the other. His arguments were, that when the meetings were frequent, the habit was produced of not attending every meeting, the thread of interest was apt to become lost, punctuality neglected, and a general carelessness engendered. He proved by reference to the minutes, that while the meetings were held once a month only, the average attendance was much larger than under the present order of things,—meetings twice a month. There was now often difficulty, as on that very evening, in obtaining a quorum. There were so many requirements upon their time;—meetings of smaller medical associations, and innumerable other claims. Many members were obliged to sacrifice their interests to a considerable degree in attending. If he could not discharge the duties properly, he would prefer to break off altogether.

Dr. Watson interrupted him by saying that his proposition had been voted upon and laid on the table.

Dr. Van Buren replied that was several months ago. The subject came up now as a new matter of business. He had no object save the interests of the society. The proposi-

tions he had made were advisable; in his own opinion, and in those of others with whom he had consulted.

The next proposition was in regard to initiation fees and annual assessments. He wished the amounts lessened so as to bring them in accordance with the old rule on the subject. He found that at the close of the year 1858, the balance on hand in the treasury was some $260.00. It would be, at the close of 1860, all demands having been paid, about $220.00. Under increased assessments, etc., the condition of the finances was not so good. It would be said that more money had been spent and appropriated—but such would always be the case. The remedy would be found in returning to the old system. He hoped these propositions would lead to calm discussion—an unprejudiced, honest, and fair expression of opinion. If it should be concluded that the existing system was the better one, let it remain in operation.

Dr. McNulty said he had no doubt as to the fact of the present constitution having its faults. A committee of nine (of which he was a member) had labored for two months upon it, meeting at least once a week, and holding protracted sessions. There was not a clause in it which had not been deliberately weighed, fully discussed, and viewed in all its bearings. A report was not presented until an endeavor had been made to draw up a constitution equal to the exigencies—one which would answer for years to come. He was certain the Academy had lost nothing in the diminution of the number of members. Formerly it had suffered from too many admissions—not from keeping men out. In regard to the matter of initiation fees and annual dues, an advance had been made by the Academy in the establishment of its Bulletin, etc.; the money had been well appropriated. He should vote against any amendment whatever, until faults enough had been detected to justify the appointment of another and different committee to revise totally. At the time the gentleman had given notice of his resolutions, he had given one himself of resolutions in regard to election by plurality. The latter, if adopted, would lead only to a suspension of a by-law. If taken off the table, and gentlemen thought they involved an amendment, he should vote against them himself. He was for consistency versus variety.

Prof. Raphael moved the resolutions be taken up separately, and that deliberation be confined for the present to the first. He was in favor of the annual election of officers, for the reasons specified by Dr. Van Buren, and also for the reason that in that way more members who aspired to the office could be elevated to the presidency, than under the existing arrangement. He also suggested that a positive limitation of tenure be made to one year, and that the individual be ever afterward ineligible.

Dr. Van Buren then read his first resolution.

Dr. Anderson said he was opposed to any amendment whatever. He was on the committee which drew up the constitution; it embraced in its number some of the ablest men in the Academy, men of prudence and close observation. Probably no eight or nine could have arrived at better results. The constitution had been in operation but a short time—two years. If the spirit of alteration should continue, they would probably have in three months more a series of proposed amendments. They had enough on hand now, if the whole subject should not be laid on the table, to create business for three or four meetings, give rise to a tedious discussion, and they probably would not be so well off when they had finished as they were before. He hoped the matter would be laid on the table.

Dr. McNulty made some more remarks in opposition to a change. For the first six months after election, the President was fit for nothing. If he could hold office only one year, by the time he became acquainted with parliamentary usage, and the working of affairs, his time would be out. They would be constantly "breaking in" a President, and then casting him off. The same objection applied with equal force in regard to committees, and especially Trustees. Under the present arrangement some stood over each time and kept things going smoothly.

Prof. Raphael said, that with all due respect to the Committee on the Constitution, it certainly was not intended for all time to come. Dr. McNulty's argument was worthless, unless it was intended to last until the next century. The constitution seemed rather to court amendments. An amendment could be made by giving notice of its intended proposal at one meeting, and voting in its favor at the next. When a constitution was supposed to be perfect, certain barriers were erected to prevent alteration. If supposed to be perfect, it should have been so arranged that it would take three or six months to amend. The Committee itself, however, probably thought it would need amendments. He saw no objection to those proposed, though opposed to amendments as a general rule. To-night, however, there was a bare quorum, and no fair expression of opinion on the part of the Academy could be obtained. How easy, he said, it would be, if he wished to make an amendment, to give notice then, not notify the members in writing, to speak to friends, and carry at the next meeting. He had not heard of the proposed amendments until that evening.

Dr. Anderson said there was a small attendance, members had not been notified, and he moved to lay the matter on the table.

The motion was seconded, put to vote, and decided by the Chair to be carried.

A count having been called for, it was found to be carried by a vote of eleven to ten.

Dr. Watson said the reason there had been more money in the treasury at the close of

1858 than at present, was, that at that time no memoirs were printed, every thing was held in abeyance, and members had advanced funds. This year there had been plenty of funds, a bulletin had been published, etc. The society was now in a more prosperous condition as to scientific working, whether the number of members was greater or less. It was now a good working association.

For the last two or three years, as President, he had endeavored to do his duty in every way, and to act justly toward every member. He was aware he had not that capacity for government some had. He had not sought the position, and would gladly lay it down. The society had satisfied him; there had been no discussion not pertinent,—or next to none. He hoped members would not come there to find amusement in elections, discussion of by-laws, etc., but for self-improvement and the advancement of science.

Dr. Van Buren said his resolutions having been tabled by a close vote, if they were not called up at the next meeting, he would give a new notice. He thought he had a right to do so.

The President—Yes, sir; you have a perfect right to do so, and also to break up the society if possible.

Dr. Van Buren replied such were not his motives. He desired to promote the welfare of the Academy. The President thought one method the best—he another, perhaps. The Committee must not consider the constitution perfect. There was always a tendency to think our own offspring perfection. When the constitution was made, they were awed into swallowing it whole, faults and all;—the Committee was such an able and *respectable* body; and now the same argument, when a proposition was made to amend,—such a *respectable* body!

Dr. Horace Green rose to inquire whether these objurgations were in order.

Dr. McNulty began to explain his position in regard to the constitution. He was not bigoted nor blind to its faults.

Prof. Raphael rose to a point of order.

A motion wrs made to adjourn.

Dr. McNulty deplored the feeling displayed on the subject by Dr. Van Buren, and was going on to make some remarks, but was interrupted by Dr. Blumenthal, who rose to a point of order, and said he had seconded a motion to adjourn.

It was moved that one meeting in the year be set apart for discussion upon proposed amendments.

Prof. Gardner moved that no written notices be served hereafter. He had been appointed to read a paper, but had received no notice of the appointment, and was, consequently, unprepared. He hoped that in future no notices would be sent, unless the council could do better.

The Academy thereupon adjourned. C.

EDITORIAL DEPARTMENT.

PERISCOPE.

THERAPEUTICAL USES OF DIGITALIS.

In an able paper on this subject, published in the *Gazette Hebdomadaire*, by Dr. Germain, that gentleman comes to the following conclusions:

1. That in spite of the opinion expressed by Sanders, which is in contradiction with all that has previously been observed, digitalis retards the frequency of the contractions of the heart.

2. That nothing demonstrates that it enfeebles the force of the contractions of the heart, while theory, physiological experience, and his own observations, prove that one of its mediate effects in cases of contractions of the orifices of the heart is to augment them, and that, in consequence, there is no danger in giving it in cases where the energy of the heart seems diminished.

3. That the frequency of the contractions of the heart, in cases of obstruction of its orifices, prevent this organ from returning to a functionally normal standard, and keep up the disturbance of the circulation; and digitalis having the property of diminishing the frequency of the contractions, it is not necessary to look for another mode of action to explain the amelioration which in these cases follows the administration of this article.

4. That we can find nothing in the writings of authors which proves that digitalis possesses diuretic properties; and that this reputation, ascribed to it by Withering, seems to have been accepted without discussion by all who have followed him.

5. It is very true that in organic affections of the heart, in which the use of digitalis produces an amelioration in the circulation, it is often followed by an abundant diuresis, but that the diuresis in this case is only a mediate effect caused by a return of the circulation to a normal state.

6. That all authors are unanimous in ascribing to digitalis a powerful action upon the stomach; that in small doses it stimulates the appetite, but that in doses sufficient to act upon the heart it produces anorexia, even nausea, and may become a cause of a dangerous dyspepsia in a great number of cases.

The following final conclusions are readily deducted; digitalis possessing the property of diminishing the frequency of the contractions of the heart should be employed in the affections of this organ, consisting in a contraction in one of its orifices.

It should be employed in these cases because the frequency of the pulse opposes itself to the return of the circulation to its normal function; but we should be careful in administering it in other affections, accompanied by palpitations;

and for two reasons: one, because the relief which it may procure is insignificant; and the other, because while it does not act upon the original cause of the disease, it generally does only retard improvement by producing derangement of the digestive functions.

Finally, we should be careful in administering it in cases of dropsy not caused by affections of the heart. Digitalis possesses no diuretic action, and its employment under this title is dangerous, because it may, in producing dyspepsia, become an obstacle to a permanent cure, or may advance the fatal nature of the malady.

WOORARA IN TETANUS.

In the January number of the Maryland and Virginia *Medical Journal*, Dr. Milholland, Resident Physician of the Baltimore Infirmary, reports a case of tetanus following a fracture, in which, after canabis indica in grain doses, morphia by the mouth and subcutaneously, and chloroform by inhalation, had all been resorted to in vain, woorara was injected (two drops of a solution, the strength of which is not given,) into the cellular tissue of the fore-arm, by Prof. Hammond, with the following effect:

At the time of the operation (9 A. M.) the pulse was 160, the respiration about 75, decided opisthotonos. In three minutes the pulse had fallen to 152.

At 9.5, no other effect having been produced, two more drops were injected. At 9.10, pulse 144. At 9.20 pulse rising again; spasms the same; two more drops injected. Pulse almost immediately fell to 132; respiration 64. Spasms continuing, and pulse again commencing to increase; at 9.40 two more drops were injected. At 9.45 the pulse commenced to decline rapidly in rate and force. At 9.47 it was 124; at 9.49, 110; at 9.50, 90. At this time violent spasm, during which pulse intermittent.

The pulse thus gradually diminished in frequency and force, while the tetanic spasms increased in violence until 10.20, when the patient died during a paroxysm.

From the foregoing case, says Dr. M., it is seen that the woorara at no time produced the least impression upon the tetanic spasms of the patient, and, were it not sufficiently well established that its action is not to cause convulsions of this character, it might be supposed that the diseased condition was aggravated by the agent employed.

Prof. Hammond was of the opinion that no benefit is to be expected, in cases of this character, from the use of the corroval, and he supposed that death might have been indirectly hastened by the action of the substance in question upon the tissue of the heart. The mode, however, in which this event took place, was sufficient to show that it was not due to the immediate effect of the corroval.

The case, he thought, was likewise instructive, as showing how radical a difference exists between traumatic tetanus and tetanus caused by over-doses of strychnia, and should prevent us forming conclusions as to treatment, applicable to both conditions.

SHORTNESS AND COMPRESSION OF THE UMBILICAL CORD.

Mr. Devilliers, at a recent meeting of the Academy of Medicine of Paris, read a paper entitled *New Researches on Shortness and Compression of the Umbilical Cord*, of which the following are the conclusions:

Shortness of the cord, accidental or natural, is one of the accidents of labor, the diagnosis of which presents the greatest uncertainty and difficulty.

Almost all signs considered by authors as indicative of this accident do not apply directly to it, and are but very rarely present in practice. Based upon a large number of observations, he proposes to demonstrate that the indicative signs of shortness of the cord are as follows: 1st. A sudden diminution of the movements of the fœtus at an epoch more or less active during a large period of pregnancy, and especially toward the end, when the shortness is natural.

2d. Sometimes premature uterine pains.

3d. Persistent elevation of the fundus of the uterus at the time of labor in women whose pelves are well conformed, and when the child presents in a normal manner.

4th. During the whole labor a tension, a sort of rigidity of the uterine walls, even during the pains, and lasting until the expulsion of the fœtus.

5th. Sometimes the pain is referred to a fixed point at the fundus of the uterus at the time of its contractions.

6th. The presence of an umbilical *souffle* upon one or several points of the surface of the uterus, especially after the rupture of the membranes, but only in cases of accidental shortening.

7th. Frequently a slow progress of labor, with successive feebleness of the uterine contractions in cases where the shortening is very marked.

8th. The terminal pains of labor well marked, and like those of the first periods.

9th. Signs of suffering of the fœtus at an advanced period of labor, especially when the fœtal parts are engaged deep in the pelvis.

10th. A sometimes rapid termination of labor, and preceded or accompanied by a slight hemorrhage.

The signs 1, 3, 4, 6, are the most characteristic. Their presence ought always to engage the attention of the accoucheur, so that he may be ready to interfere if necessary.

The danger of natural shortness of the cord does not manifest itself except toward the last period of labor, and is rare.

The danger of accidental shortening manifests itself soon, and is caused principally by the compression of the cord. This latter accident, which takes place often without shortening of the cord, is for the child a more frequent cause of danger than is generally supposed.

DIPHTHERIA.

In the treatment of this disease almost all recent authors place great reliance on the administration of tonics, and especially iron in large doses. Dr. Aubrun, in a communication to the Academy of Sciences, states that he gives per-chloride of iron with good effects. He administers it as follows: 20 to 40 drops of the per-chloride are put in a glass of cold water, and of this the patient is made to drink about a tablespoonful every five minutes while awake, and every fifteen minutes during sleep. Immediately after each dose of the per-chloride, the patient takes a swallow of cold milk, without sugar. This treatment is to be continued with scrupulous regularity for several days, and during the first three days even without regard to sleep. The solution of the per-chloride should always be kept in a glass or porcelain vessel, a metal one being very liable to decompose it. Generally, during the first three or four days, Dr. Aubrun gives no nutriment except the milk after each dose of the per-chloride.

REVIEWS AND BOOK NOTICES.

The Causes and Treatment of Imperfect Digestion. By Arthur Leared, A. B., M. R. I. A., Lecturer on the Practice of Medicine and Materia Medica at the School of Medicine adjoining the St. George's Hospital, Physician to the Great Northern Hospital, etc., etc. London: John Churchill. 1860. 24mo. Pp. 224.

Nothing so much interferes with the happiness of man during his sojourn here below, as an impaired digestion, it being not to his comfort to be made aware by pain that he is possessed of a stomach. The small work of Dr. Leared is dedicated to his friend, Sir John Forbes. From the author's known character, as well as the company with whom he is associated, we did not expect to find one of those simple popular appeals to the public, which are so common on the other side of the Atlantic.

Yet it is a profound work, showing that the author's habits of thinking and investigating have not become estranged from the philosophy of the medical art. He writes from his own experience, gathered both in hospital and private practice in his own and other lands. His "great difficulty has been to write a *short*, rather than a *long* book." Such are the works wanted at the present day, in place of those ponderous tomes so often the result of ransacking medical libraries, full of undigested quotations and inaccurate statements, and often sure signs of intellectual indigestion.

In this little volume, Dr. L. has brought forward the results of his own observations, relying mainly on his own resources, together with those unquestionable evidences which have been proved. Nor has he "hesitated occasionally to express himself at variance with authority."

Chapter 1 consists of a brief statement of the physiology of digestion. Here, the whole of our knowledge of this important function is clearly expounded. The author states that the "lactic acid produces the chief characteristic reaction," associated with pepsin in the stomach, which he considers has its special action upon alimentary substances into which nitrogen enters, including the flesh of animals, fish, and eggs." As to the starchy and fatty elements of food, these undergo no changes from the secretions of the stomach beyond minute subdivision. In the analysis of gastric juice, in a case quoted by our author, he obtained 3·66 parts of pepsin in 1000 parts of the fluid. "Copious as the saliva is, the gastric juice far exceeds it in quantity. The estimate of Dr. Schröder, from observation on a woman suffering from gastric fistula, is one of the latest and most reliable. He tells us that the average amount secreted in twenty-four hours was fourteen kilogrammes, or upwards of thirty pounds.* This is truly astonishing, and reveals to us an immense circulation between the blood vessels and the alimentary tube." (p. 13.)

Estimates of the intestinal juice, as to its quantity, would seem, according to our author, to be very unreliable, being set down by Haller at eight pounds in twenty-four hours, while half a pound in the same period is the estimate of Bidder and Schmidt. This secretion has the property of dissolving albuminous substances, and of converting starch into sugar, and is, therefore, regarded by Dr. L. as supplemental to the gastric juice and saliva.

In Chapter II, he enters upon the causes of dyspepsia, but not into the organic changes, confining himself chiefly to those functional derangements, of which the stomach is the seat.

In Chapter III, he gives a full account of the symptoms of dyspepsia, dwelling at some length upon "flatulency or gaseous distension of the stomach." The natural source of the stomach's gaseous supply he considers to be the external air; and this gradually loses oxygen, until in the small intestines, the atmospheric proportions are greatly altered. Nitrogen, therefore, seems to be the chief distending medium which mechanically aids digestion, and which, by incorporating with the fæces, facilitates their transit through the intestines."

Another cause, or gas-producing element, is

*Succi Gastrici Humani Vis digestiva, ope fistulæ stomachalis indigata. Dorpati, 1853.

the arrest of alimentary masses in their passage through the tube, producing fermentation. Another cause of flatulence happens in hysteria, which Dr. L. has proven is not the product of fermentation, but is simply nitrogen. Dr. Brinton* denies the evolution of gas by the mucous membrane, and is of opinion that the sudden occurrence of flatus is due to gaseous expansion consequent upon an equally sudden relaxation of the gastric coats. This ingenious idea is founded upon the compressibility of gases, and pre-supposes a considerable amount of pressure, which, however, our author cannot admit; nor does he think the forcible expulsatory efforts usually associated with flatus consistent with a condition of temporary paralysis.

He then treats of vomiting, regurgitation, pyrosis, heartburn; in the latter he differs from Dr. Chambers, in not considering it spasm. From his own experience, he compares the taste to that of rancid butter. "This taste, and the circumstance that pastry and certain other articles which, either directly or indirectly, yield butyric acid, are apt to induce heartburn, lead me to believe that acid to be the cause of it."† Pain, headache, and the symptoms obtained by inspection of the tongue are then carefully treated of, as also the throat and sense of taste, disturbance of the bowels, the organs of sense, and concluding with its sleeplessness. This chapter is very complete, and worthy of careful study by the practical physician.

Chapters IV, V, VI, are devoted to "Accidental and Habitual Dyspepsia." By the former, he means that form produced by accidental causes acting on the healthy subject, as for instance:—

"Simply eating in too large a quantity.

Indulging the appetite with too great variety of food.

Partaking, even moderately, of a single kind of food against which there is a constitutional repugnance."

In the latter form, the difference is this:—

"In the habitual disorder an increased susceptibility leads to a constant repetition of digestive disturbance, and this constitutes a true chronic disease."

Chapters VII and VIII are devoted to the treatment of Dyspepsia by General Hygienic Agents, and by Medicines. To prevent unnecessary repetition, this portion is illustrated by not overdrawn cases of a typical character.

Under the head of treatment by hygienic agents, he gives the following list of articles, arranged in groups:

"The first contains the articles most suitable for the dyspeptic; the second, those only admissible in less severe cases; and the third may be considered a dietetic index expurgatorius, since few of the articles comprised should ever be taken by the invalid, while those to which an asterisk is attached should be regarded by him more in the light of poison than food. With the view of correctly indicating the general experience, I have adopted this classification, as most of the articles, about which difference of opinion is likely to arise, will be found holding a medium position.

First Group—Articles easy of Digestion.—Mutton, venison, hunted hare, sweetbread, chicken, young pigeon, partridge, pheasant, grouse, beef tea, mutton broth, milk.

Whiting, turbot, haddock, flounder, sole.

Stale bread, rice, tapioca, sago, arrowroot, asparagus, seakale, French beans, cauliflower, baked apples, oranges, grapes, strawberries, toast water, black tea, claret, sherry.

Second Group—Articles moderately easy of Digestion.—Beef, lamb, rabbit, turkey, duck, wild water fowl in general, woodcock, snipe; soups in general; eggs not hard boiled, butter.

Turtle, cod, pike, trout, raw oysters.

Potatoes, turnips, cabbage, spinach, artichoke, raw vegetables, especially lettuce; apples, peaches, apricots, pine-apples, gooseberries, currants, raspberries, mulberries; bread, and other farinaceous puddings; jelly, marmalade, rhubarb, and cooked fluids in general, cocoa, coffee, malt drinks, port wine.

Third Group—Articles difficult of Digestion.—*Pork, *veal, goose, the liver, heart, kidney, brains of animals, salt meat, sausage, *hashed or *stewed meats.

*Mackerel, eels, salmon, herring, sprat, skate, halibut, salted fish in general, lobster, crab, prawns, shrimps, cray fish, *mussels, cockles, scallops, and oysters cooked.

Oil, melted butter, hard boiled eggs, cheese; new bread, muffins, and buttered toast; *pastry in general, *sweet puddings, pancake, custards.

*Nuts of all kinds, pears, plums, cherries, dried fruits; *cucumber, beatroot, Jerusalem artichoke, onion, carrot, parsnip, peas, beans, mushrooms, pickles.

Chocolate, champagne, liquors."

Under the head of treatment by medicines, he states that, after a fair trial, he has been obliged to decide against the so-called *pepsin*. He remarks, "if it were possible to collect gastric juice itself in considerable quantities from living animals, I can, *cæteris paribus*, conceive that an efficient preparation might be obtained. But experience shows that this is not supplied by a preparation obtained from mere infusions of dead stomachs." For experiments and further observations show its inertness, as quoted in an appendix at the end of the volume.

In the treatment of vomiting, he has found the chloride of calcium as efficacious as the hyposulphite of lime, which is also particularly suitable to dyspepsia, with foul eructations of the less intermittent kind, such as is common in London dispensary practice: it may be given in doses from half a drachm to a drachm of the pharmacopœial solution.

In this connection, we would remark, that

* See Appendix A. of his Dis. of the Stomach, p. 75.

† See Appendix B.

the writer has found the oxalate of cerium a most admirable remedy in dyspeptic vomiting, the result of an atonic condition of the stomach. He has also found that the sulphite of soda will prevent the fermentation, and destroy acetous fermentation both in and out of the body. Out of the body, in proportion of a quarter of an ounce to the gallon of fluid, the sulphite of lime will prevent cider, wine, or other liquors from passing into the acetous fermentation. By placing it at the bottom of a cask, it acts as a sentinel, ready to give off its sulphurous acid the moment any acetic acid is developed, and by keeping the bung of the cask open, it passes away, and will not injure the taste of the wine or cider. It has been proven, by experiment, that during fermentation, an apple will evolve *six hundred times* its bulk of gas.

In taking leave of our author, we cannot but be impressed with the careful manner in which he has performed his task in preparing a most useful and practical work upon functional diseases of the digestive organs, which will well repay the busy practitioner the time spent in its perusal. L. T.

Elements of Chemistry. For the use of Colleges, Academies, and Schools. By M.V. Regnault. Illustrated by nearly 700 wood-cuts. Translated from the French by T. Forrest Betton, M. D., and edited, with Notes, by J. C. Booth and Wm. L. Faber. Fifth edition, greatly improved. In two volumes. 8vo. Pp. 1475. Philadelphia: J. B. Lippincott & Co., and J. A. Speel. 1860.

These two splendid volumes meet the wants of the student of chemistry better than any other in the English language. The style is lucid and intelligible, and, while all unnecessary minutiæ are avoided, a full account is presented, not merely of the elementary bodies and their inorganic and organic compounds, but also of the processes of analytical chemistry and of the chief applications of chemistry to the industrial arts. The work is well adapted to the wants of students and practitioners of medicine; but it is not by them alone that it will be found invaluable. To all interested pecuniarily or otherwise in those industrial pursuits in which chemical processes are employed, it presents special attractions, and the general reader—who would learn how intimately the progress of exact science is connected with the progress of those branches of industry by which alone civilization is rendered possible, and who would understand the arts to which he owes not merely his luxuries, but even many of the daily necessaries of life—will find it full of interest. The name of Regnault would be of itself a sufficient guarantee of the character of the book, and the American edition has certainly lost nothing in the hands of its learned translator, Dr. T. F. Betton ; while its applicability to national peculiarities is guaranteed by the editorial supervision of Messrs. Booth and Faber, both of whom are favorably known to the American public, and by whom many valuable notes have been added. The typography and mechanical execution of the work are beyond criticism, and its value is greatly enhanced by nearly seven hundred wood-cuts of apparatus, etc.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 5, 1861.

AMERICAN SURGERY AND FRENCH APPRECIATION.

We are *naturally* polite, but this happy trait has been much developed by our reading French. Hence, almost involuntary, we raise the hand to the *chapeau* as soon as a Frenchman is in sight. This time, however, we must do even more. At the risk of exposing our bald head to a severe attack of cold, we take our hat off and make a deep transatlantic bow before Doctor Jules Worms.

This learned Academician is publishing historical and critical observations on ovariotomy, in our excellent cotemporary, the *Gazette Hebdomadaire.* We have done Dr. Jules Worms the honor of giving him a hearing before the American profession, and by the translation of his paper in the Reporter his American audience is very probably much larger than his French.

It is highly gratifying to learn that the French surgeons are at last beginning to learn some of the lessons which the profession of other countries have long mastered, and that they are becoming inclined to follow in the path which American surgery has hewn. It may be somewhat disagreeable to French pride to simply follow in our trail; and, for this reason, we are disposed to excuse a little irritability of temper, which manifests itself, when they speak of an operation, eminently American. In reference to this point we refer the reader to the first two paragraphs of Dr. Worms' paper, in another column.

What Dr. Worms there says is eminently suggestive. The throwing out of the most valuable and copious material furnished by American observers and operators—in an operation, too, to

which "American surgeons have been first to give due prominence"—that is what Americans get for their proverbial toadyism to foreign medical literature. And it serves us right.

American medicine and surgery does not deserve appreciation abroad until we begin to appreciate and honor it at home. There is a class of writers here, unfortunately, whose great *forte* consists in compiling from foreign writers, and who think they have reached the very pinnacle of literary greatness if they quote some French or German author, (whose name they borrow from some half-yearly abstract, being, generally, unable to read either of these languages.)

Then, again, we have a class of authors (!) who edit foreign works, sometimes with notes, sometimes without, and who, in league with the booksellers, have done more to smother American medical literature and to counteract its sound development than all other causes combined.

And, lastly, we have the toadyism of medical journals;—those which give room to every new scientific canard from abroad, while they neglect their duty of cultivating original research at home, and when they copy from domestic journals, do so without giving credit.

We are thankful to Dr. Worms that, in discarding American facts, he has given us an opportunity to make these few remarks. His omission is highly *unjust;* but it is a forcible rebuke of toadyism that has often disgraced American medical literature.

Let us not, however, be misunderstood. We do not defend a national exclusiveness in science; we claim that it is cosmopolitan, and for that reason let credit be given wherever it is due. Only let us begin to respect ourselves at home, if we wish to be appreciated abroad.

MEDICAL SOCIETIES.

Although of no scientific value whatever, many of our readers will read with interest the proceedings of the New York Academy, published in this number. We have inserted them as a specimen of the unprofitable manner in which wise and learned men can spend valuable time, and as a warning to other societies. They fight over constitution and by-laws as if the real difficulty were *there*, instead, as is really the case, in the *want of the proper esprit de corps* among the profession of New York city, a lack of sound ethics, and an indisposition to do justice among themselves. It will be seen, by the report, that the President of the Academy intimated that there might be danger of "breaking up." We hope it will not come to that. But the profession through the country, would rather see the Academy broken up, past all mending, and rejoice in its downfall, than to have it continue as a mere advertising medium for a few irrepressible orators, detailing their cases and cures in the daily prints, thereby shamefully violating the code of ethics, and making the profession a by-word of ridicule before the people and a laughing stock among the reporters of the secular press. Let the Academy take warning in time.

MUCH ADO ABOUT NOTHING.

There was some disturbance a few weeks ago in the New York University Medical College, arising simply from explanations which the faculty demanded of Dr. Aylett, who was connected with the institution in a sort of semi-official way—regarding his conduct in pecuniary matters with the students and the faculty. Dr. Aylett, instead of explaining, got mad, and managed, with the aid of the sensation reporters of the daily papers, to give the matter a political aspect. The excitement, however, soon abated. Dr. Aylett left, taking a few students with him, and things have returned to their old way. We had already forgotten the whole affair, when we received the January number of the *American Medical Gazette*, (Dr. Reese's,) which is so hard up for matter that it lays before its readers *twenty pages* of *extracts* from the sensation papers of New York, giving, in the best style of the great and glorious Jenkins, "ye rise, progress, and ye melancholic end of ye foolish squabble." What does the *Gazette* mean by laying before its readers twenty pages of the offal from sensation papers?

Correspondence.

ARTIFICIAL RESPIRATION NOT TO BE USED IN RESUSCITATING STILL-BORN CHILDREN.

When the storm of labor takes refuge in the peaceful harbors of maternity, and the new-born offspring does not cry, or present any evidence of life, the mother is extremely anxious as to the condition of her child.

When children are still-born, from any natural cause during labor, it behooves the accoucher to employ every remedial means within his power for the immediate restoration of life.

The course generally pursued is artificial respiration in connection with sudden applications of cold water, spirits, etc., etc. What I desire to direct the attention of the profession to, is the habit of using to an excess the inflation of the lungs. When a child is still-born, the lungs are in a collapsed condition, containing no air, no blood. The object of inflation is to bring about a circulation of the blood, or rather to furnish oxygen which gives the blood its red color.

During the performance of healthy respiration, oxygen is taken into the lungs, and carbonic acid given off. When we attempt resuscitation of a fœtus, we naturally employ first artificial respiration.

Laying aside all directions laid down for the proper restoration of life, we wish to discuss only the propriety of inflating the lungs with air already respired, and fully charged with carbonic acid.

Inflating the lungs of a child which has never breathed, we undoubtedly double the chances against any possibility of resuscitation. What would be the consequence when circulation commences in the lungs? Blood would meet with air fully carbonized! Does it not most assuredly add to the doubtful side? What must be the result when our efforts at inflation are continued? Carbonized air is unable to support life. Dalton says, "respired air is very obnoxious; respired air is vitiated air."

I have never been able to derive the least benefit from inflation of the lungs, and I have never heard of any practitioner relying exclusively upon artificial respiration, and meet with success in restoring life.

The proper mode of procedure for the restoration to life of still-born children is the following: the child should be placed upon the left side, its mouth kept open, and tongue depressed by an assistant, gentle manipulation used, imitation of the movements of respiration, sudden application of cold or heat, (acting by reflex action,) sprinkling spirits over the chest, slapping the buttocks, etc.

The above operations should be resorted to as soon as the delivery of the child, when no apparent signs of life are present.

Artificial respiration will certainly do harm.

Respired air is obnoxious air.

Carbonized air is a non-supporter of life.

Carbonized blood will cause death.

Irritation by manipulation is best in connection with the other remedies mentioned.

D. Webster Bland, M. D.

Schuylkill Haven, Pa., Dec. 28, 1860.

MATTERS IN NEW YORK.

New York, January 1, 1860.

Messrs. Editors:—There is very little astir in medical matters here, just now, if I except some difficulties in the Academy of Medicine, which excellent body has been threatened of late with some kind of an eruption, though it is impossible so far, from the pre*cursories*, (and some of the latter are *loud* enough,) to judge what form of an eruption it will be.

The fact is simply this. There is a general and pretty universal feeling among the profession in this city, that the Academy of Medicine is not what it should be. And in this they are right. The Academy, in throwing open its scientific and business meetings to the reporting hawks and buzzards of the secular daily press, from the *Herald* down to the *Express*, has disgusted so many of its best and most valuable members that they either absent themselves from its meetings, or when there, sit with mouths sealed, as they do not wish to render themselves subject to the favorable or unfavorable criticism of the penny-a-liners of the *Times*, *Herald*, etc., etc. This is one of the reasons explaining the gradual downfall of the Academy; and I fully concur with the editorial remarks in one of the recent numbers of the Reporter, that this violation of the Code of Ethics on the part of the Academy should be brought before the American Medical Association, and the most speedy way of doing this will be by challenging its delegates when they present their credentials before that body.

Another reason which has contributed to the loss of interest of the profession in this society, is the stereotyped appearance, on every occasion, of the same irrepressible orators in debate; men of immense inflation, massive gesticulation, and a great volume of voice, which they elevate to the highest pitch in order to impress the reporters of the papers with their tremendous importance.

This class of men, however, is fortunately but small.

There is some hope, perhaps, that by strong efforts the Academy may once more come back to its halcyon days. There is but one way, however, in which, as far as I see, this can be done. The Academy should exclude all reporters for the secular press, and every man who takes interest in the welfare of the profession of New York must come to the rescue, the sleepy must be waked up, the drowsy aroused, and the voices of speechmakers give way to the

sounds of heavier scientific artillery. Nothing short of that will revive the languid body.

In medical literature there is nothing very stirring. The *American Monthly* is now by all odds our best journal here, since the old New York *Journal of Medicine* has died, and its subscription list has gone to be experimented upon in another direction. Whatever advantages this enterprise of a French publishing house may have, its editorials are uncommonly heavy, and its reports of New York societies and clinics, etc., fully two or three weeks behind those of the Reporter, a matter which is a surprise to me only in so far as I do not understand why the *New York Weekly* is so slow.

In going the rounds at Bellevue Hospital the other day, I happened to stray into my favorite place, the dead house, when Dr. Ferguson, one of the house physicians, was making a post-mortem examination. There were quite a number of students there; but, contrary to common usage, Dr. F. made no remarks upon the examination whatever. When the examination was nearly finished, one of the students, a tall, whiskered young man, who had been very busy taking notes, came up to Dr. F. and asked him some questions, which Dr. F. refused to answer. He soon retired. Dr. F. then explained to those remaining that *some one* had lately been in the habit of reporting cases for the Philadelphia Reporter, and that man, whoever he was, could not know about the cases. I see, however, that you have the very same case fully reported in your last number.

When you say "C." do you mean F?

Gothamite.

DISCOLORATION OF THE FŒTUS AND THE FŒTAL MEMBRANES.

A subscriber writes from Indiana as follows:

Messrs. Editors:—In the Reporter of December 15th, a case is recorded on page 294, by Dr. Rittenhouse, in which the fœtus and membranes were covered with a yellow unctuous substance. It accords so nearly with a case that came under my care recently, that I thought to add another to the list, and join Dr. R. in requesting the opinion of others on the subject. On the 3d of May I was called to attend Mrs. ——, in labor with her third child. The woman was of medium size, healthy, and had come to her full time.

After a protracted labor (though not unnatural) she gave birth to a son of large frame and very lean in appearance, but apparently perfectly healthy. There was not a drop of liquor amnii present. The unctuous fluid, before mentioned, being substituted to the amount of about one pint.

The membranes were so tough that the ordinary means would not rupture them, and rather suddenly the fœtus was expelled with the membranes entire. The yellow unctuous fluid, mentioned by Dr. R., covered all the parts, and on removing the membranes as soon as possible, the fœtus was found to be enveloped with the same substance, which adhered to it quite tenaciously, and emitting a rather unpleasant odor. The mother and child both did well. Now, if the yellow fluid was *bile*, as suggested by Dr. R., how came it there? or, was it a freak of nature to substitute this yellow substance for the liquor amnii? I have an opinion about the matter, but wait to hear from wiser heads.

NEWS AND MISCELLANY.

Science at the Bottom of the Sea.—Dr. C. Wallich, who accompanied the recent expedition to survey the projected North Atlantic Telegraph Route between Great Britain and America, has brought back some important notes of new facts in natural history which he has ascertained. His main object was to determine the depth to which animal life extends in the sea, together with the limits and conditions essential to its maintenance.

He has proved that at a depth of two miles below the surface animal life exists. Here, where the pressure is calculated to amount to at least one ton and a half per square inch, and where it can hardly be conceived that the most attenuated rays of struggling light can penetrate, Dr. Wallich has not only discovered the minute infusorial Foraminifera, whose calcareous envelopes protect them from pressure, and whose organization is of the simplest, but he has obtained from a sounding, 1,200 fathoms deep, a number of star fishes (genus Ophiocoma) adhering to the lowest fifty fathoms of the deep sea line, which must have rested on the bottom for a few minutes, so as to allow those star-fishes to attach themselves to the rope; so that it is now established that in these regions of watery desert and everlasting darkness there exists "a highly organized species of radiate animal, living, entwining, and flourishing, with its red and light pink tints as clear and brilliant as its congeners which dwell in shallow and comparatively sunshiny waters." Others, doubtless, exist; for this is but a first inquiry so conducted, and in time we may come to hear of a new submarine fauna, peopling these dark abodes, and preparing this subaquecious floor just as the land on which we now walk, once submerged, is believed to have been prepared. It is said of Dr. Wallich's researches that science is now where its friends and enemies would alike wish it to be—at the bottom of the sea.—*Lancet.*

Garibaldian Medical Orders of the Day.—Dr. Peter Ripari, Chief of the medical department of Garibaldi's army, issued, under date of Naples, Nov. 9th, an order of the day, concluding as follows:

"To you, medical men and surgeons of the army of the Two Sicilies, who took such a noble part in the great struggle, to you I address myself for the first time, though in every emergency you have always discharged your duties on the field and in the hospitals with so much skill and devotion; to you I speak for the first time, and declare you the sanitary corps which more than any has deserved well of the country. Nor do I hesitate in calling you a most efficient army sanitary corps in point of science and skill, while you number amongst yourselves such divisional surgeons as Dr. Zillani, Dr. Braico, Dr. Denaro, Dr. Marozzi, Dr. Gemelli, Dr. Morosi, Dr. Albanese, Dr. Monasteri, Dr. Stradivari, Dr. Sacchi, Dr. De Vita, Dr. Franklin, Dr. Mackenzie; and while all the divisional surgeons in active field service incessantly speak with the highest satisfaction, in their reports to me, of the regimental and other surgeons under them.

"The many difficult operations performed on the field of battle and in the provisional hospitals give ample evidence of the skill, calmness, and courage of the surgeons, who have been repeatedly called to exercise their office under the enemy's fire; and amongst others, the young Dr. Cipolla, under head-surgeon, Dr. Basille, first-class captain and staff-surgeon, and Dr. Maltese, regimental surgeon in the camp hospitals reserve, have particularly distinguished themselves. Dr. Palpa, first-class chemist, deserves also honorable mention for his ability and courage.

"I express, then, my sincere thanks to the Sanitary Corps of the southern army of the Two Sicilies, whose skill, devotion, and tender feeling, exercised in the performance of its duties during the fatiguing campaign, have rendered considerably easier my onerous charge of Chief of the Medical Department; and I thank it as well in the name of the Great Chief who has led us to victory in the name of Italy redeemed, and also of the remaing portion, which ere long shall be redeemed.

"Dr. Peter Ripari,
"Chief of the Medical Department.
"*Naples, Nov. 9th,* 1860."

Mal-practice.—The *Gazette Hebdomadaire* makes the following statement:

Mr. Larrey has just communicated to the Society of Surgery a letter from an American confrére, in relation to a question of surgical responsibility. The extraction of a movable cartillage from the articulation of the knee was performed two years ago; it was followed by ankylosis. The patient instituted a suit for damages against the physician, accusing him of having undertaken an operation unjustifiable on account of its gravity, and to have extracted instead of the false cartilage, a piece of the true articular cartilage. The surgeon from the other side of the water is not content; he has written to England, Germany, France, and, perhaps, also, to China, to request having sent to him specimens of movable cartilages, extracted with success—not counting those which he has probably already obtained in his own country. He is in hopes of soon being able to throw a bushelful at the head of his adversaries. Mr. Larry remarked justly, that it was impossible to decide about this particular case, without the precise details of the diagnosis, the nature of the body extracted, the special circumstances of the operation, and the formation of the anchylosis.

Medicine in Morocco.—M. Garcia Vazquez, Head Physician of the Spanish Army, lately in Morocco, writes thus of the state of the medical art there: "Any one who pleases practises medicine, which is carried on ridiculously—the practice being rather religious and mystical, than scientific. All depends on fate. Physicians attribute disease to evil spirits, and hope to find a cure in time, or they submit to farcical proceedings unworthy of reasonable beings. One of their most efficacious remedies is sarsaparilla, which they employ with a mixture of religious acts, a sort of dietetic regimen. Here is a specimen of what happened before me in the case of the Ketif who was charged with the Treaty of Peace. At the request of our General I examined the leg of this high personage, and found there an anthrax, which had been left to itself, and irritated by the friction of his woollen clothes, had grown to a very large size. He had besides, erysipelas of the leg, and œdema of the foot. I prescribed what was requisite, but found it hard to make him understand that it would not do for him to remove the apparatus many times in the day for the sake of his ablutions and prayers, and could not overcome his repugnance to the application of cotton-thread to his skin. Fools and devotees, sort of much the same thing, are the only Doctors here. The Jews have one sent to them and paid for by Rothschild; he is also a *Pharmacien.* The people also have their *wise men,* who assist them in their diseases."—*Med. Times and Gaz.*

State of the Vessels of the Brain in Epilepsy.—Professor Virchow exhibited to the Berlin Medical Society a portion of brain taken from a man who had been insane for twenty years, but had never been epileptic. Considerable teleangiectasis was observable at the pons, at the junction with the medulla, which, according to Schroeder van der Kolk, should bear a relation to epilepsy. There was also much coloring of the pia mater from pigment formation. Virchow cannot call to mind having ever seen a dilatation of the cerebral vessels in the epileptic, although he has often with the appearance

in other post-mortem examinations. In all these cases the smaller arteries were affected with some aneurysmatic enlargement, which was often continued to the capillaries, the dilatation being accompanied by thickening of the walls of the vessels. As the production of these changes in the vessels must be a very slow process, the effect on the brain is also very gradual, and need not be attended with any sudden disturbance of its functions. As to the pigment formation in the pia mater, it is of such frequent occurrence, that Virchow attaches it to no special pathological condition.—*Deutsche Klinik, No.* 38—*Times and Gaz.*

Food and Drink in Paris.—Some curious statistics in regard to the receipts, expenses, and quantities of articles of food and drink consumed in Paris in the year 1859, have just been published. The income for the year amounted to $110,306,124, while the expenditure reached $97,720,514. As usual, the chief source of income was the "octroi," or city duty, which produced 50,040,457 fr., the highest sum ever obtained by that source of municipal revenue. The tax on dogs, of which animals, it appears, there is a population of 29,587, produced a revenue of 292,000 fr. The funeral monopoly yielded 214,523 fr. for 30,019 interments, and public coach stands, 1,969,768 fr. In the way of expenses, 16,433,000 fr. were employed in paying the interest and refunding the capital of the different loans contracted by the administration, 19,000,000 fr. for highways and sewers, 12,295,000 fr. for police expenses; for fêtes and ceremonies, 1,559,000 fr.; for keeping in repair the Bois de Boulogne, 559,000 fr.; for works of art, 200,000 fr.; and for the service of the national guard, 573,000 fr.

Among the articles of food and drink consumed during the year, I find the following startling figures: Wine, in casks, 1,735,007 hectolitres, (the hectolitre is twenty-two gallons and a fraction;) in bottles, 12,678 hectolitres; alcohol and liquors, 77,044; cider, 21,028; beer, of Paris and exterior manufacture, 290,381 do. Of grapes, there have been consumed 4,169,100 kilogrammes, (of 2 lbs. 3 oz. and a fraction, avoirdupois;) of beef, veal, mutton, and goat's meat, 74,834,940 kilogrammes; pork and lard, 6,091,769; sausages, 1,232,605; patés, crawfish, and truffles, 102,158; dry cheese, 2,018,671; sea-fish, 9,465,114. Of oysters, there were consumed to the value of 2,137,871 fr.; fresh water fish, 1,095,063 fr.; poultry and small game, 19,428,466 fr.; butter, 20,409,520 fr.; eggs, 10,520,887.

There were born in Paris, during the year, 37,973 children, of whom 12,278 were illegitimate, but of whom 2,255 were recoguized by their parents. There have died 32,774 persons, of whom 16,591 were males, and 16,183 females. The number of marriages is sadly disproportionate to that of births, amounting to only 1,135.

Formulæ for the Preparation of the Principal Collyriums used in Ophthalmia—Employing Glycerine instead of Water.

By Dr. Foucher.

Pure Glycerine,	30	grammes.
Borax,	2 to 4	"
Pure Glycerine,	30	"
Sulphate Zinc,	1 to 3	"
Pure Glycerine,	30	"
Sulphate Copper,	1 to 4	"
Pure Glycerine,	30	"
Tinct. Iodide,	4 to 8	"
Pure Glycerine,	30	"
Per Chlorid Iron,	1 to 4	"
Pure Glycerine,	30	"
Tannin,	1 to 4	"
Pure Glycerine,	30	"
Calomel,	2 to 4	"
Pure Glycerine,	30	"
Laudanum,	2 to 4	"

[*Bulletin Gén. de Thérapéutique.*

Extra-uterine Pregnancy.—Dr. John C. Carter relates in the January number of the Maryland and Virginia *Medical Journal* a case of extra-uterine pregnancy. The following is a condensed account of the *post mortem* examination, the patient having died rather suddenly, in labor, as was supposed.

Present, Drs. Gough, C. F. Henser, G. H. Hare, and Carter. When the abdominal walls were divided, a large cyst was found, containing a full grown male child, with its cord and placenta entire. The child had been dead about three weeks. The cystic walls in the umbilical region were very thin and purplish; in their superior portion more dense, and inferiorly greatly thickened. Firm adhesions between cystic walls and peritonæum anteriorly and posteriorly.

The uterus, with its appendages, was found entirely separate and independent of the cyst. In volume the uterus was considerably enlarged; cervix much elongated, uterine walls nearly an inch thick. Cavity of womb about natural. The actual condition of the ovaries could not be ascertained on account of the generally diseased condition of the uterine appendages.

A Fact for Physiologists.—At the Middlesex Sessions, on the 17th inst., Henry Hamilton, 18 years of age, was tried with two other prisoners for an ordinary theft. Boden, 11 D, and Deeble, 147 D, said they knew the prisoners, and mentioned the extraordinary circumstance that Hamilton was one of a family of 32 children. His father was 66 years of age, and had had two wives, by one of whom he had had 30 children, by the other two, and of them all 24 were now living. He was married to his first wife 48 years, and the youngest of his 32 children was now seven years old.—*Medical Times and Gazette.*

Neapolitan Hospitals.—I saw, no later than three days since, the dirt on the ground of one of the wards in San Sebastian 'caked' half-an-inch deep, hard dirt, while the attendants were washing pots and kettles and plates about the beds. That I may be the more precise, it was the Sala Vittorio Emmanuele. On leaving that *sala* I went to another, and listened to the whispered complaints of a poor fellow who had been shot through the lungs, that he had been robbed frequently and had not that frequent attendance necessary, as the discharge of his wound was so great. 'I give the poor fellows some money at times,' said a lady to me, 'because they are neglected if they do not give the *infermieri* something.' 'I was robbed by my *infermieri* of a piastre or two which Victor Emmanuel left to me,' said the wounded boy; 'get me into another more central place,' and I did. I said the *surveillance* of the hospitals has been conducted principally, if not altogether, by foreigners; some honorable exceptions there have been, but still the rule holds good. English ladies have sacrificed their ease and time, and one has risked her life almost in the battle-field, while Neapolitans have, for the most part, remained at home at ease, apparently indifferent to the sufferings of their 'brothers.'"—*Times' Correspondent.*

Placental Pregnancy.—At a recent meeting of the Society of Surgery, (Paris,) M. Prestat, corresponding member of the Society, presented a placenta, with its membranes, in all respects normal, except that on one side was found a very small sac, containing a fœtus apparently of about three months' development, while the other fœtus had arrived at full term.

Somnambulistic Humbug Punished.—The tribunal at Provins, (France,) recently fined a somnambulist two hundred francs for illegally practicing medicine. The fine was, as usual, paid in the treasury of the local Medical Society of Provins.

Philadelphia County Society.—The next meeting of this Society will take place Wednesday, January 9th. Dr. Joshua H. Worthington will read a paper on *Puerperal Insanity* and a full meeting is anticipated.

Andral has retired temporarily, on account of ill health, from his duties as Professor of Pathology and General Therapeutics. Mr. Chauffard supplies his place during the present session.

Philadelphia Hospital.—Drs. Gross and DaCosta entered on duty in this hospital last Wednesday. They will conduct the clinics, at the usual time, every Wednesday and Saturday.

Hydatids of the Liver.—Mr. Boinet lately presented before the Academy of Medicine, at Paris, a young man cured of an hydatid cyst of the liver by puncture, after *Recamier's* method, followed by injections of iodine, and which had previously been treated in vain by frequent capillary punctures.

Doctor Francois Broussais, last son of the illustrious Professor, died on the 1st of December, from endocarditis, in his sixtieth year. He was an active member of his profession, and contributed numerous scientific articles to journal and dictionary literature.

The Cincinnati Lancet and Observer comes to us printed from new type and enlarged. This journal has very much improved of late.

MARRIAGES.

Robins—Marsh.—On Dec. 24th, 1860, by Rev. S. W. Kurtz, Wm. Wallace Robins, M. D., and Miss Kate E. Marsh, all of Halifax, Dauphin co., Pa.

Rodafer—Thornburgh—In Newmarket, Tenn., Nov. 15th, by the Rev. Wm. Harrison, Dr. W. P. Rodafer, of Va, to Miss M. L., daughter of Gen. M. Thornburgh, of Newmarket.

Answers to Correspondents.

Drs. T. and F, Iowa.—You are *both* credited on our books to next April, so that your payments must have been double what you supposed.

Dr. P., Penn'a.—Vaccine matter sent by mail.

Mr. J. F., London, England.—Yours of Dec 7th is at hand. Mr. Morgan's letter was *not received* at our office. Your request will, of course, be attended to.

Mr. S., London, England.—We most cheerfully comply with the request contained in yours of the 15th inst.

COMMUNICATIONS RECEIVED.

England—Mr. S. E. Smith. *Delaware*—Dr. T. C. Rogers, (with encl.) *Indiana*—Dr. A. B. Butler, (with encl..) Dr. M. F. Thomas. Dr. H. M. Crouse, (with encl.) *Kentucky*—Drs. Stoval & Thompson, (with encl..) Dr. J. E. Moore. *Maine*—Dr. B. F. Pierce. *Massachusetts*—Dr. A. Chapin, (with encl.,) B. F. Stevens, Sec'y New England Life Ins. Co. *New Jersey*—Dr. J. Pitney, Drs. L. & W. B. Southard, (with encl.,) Dr. G. Tomlinson, Dr. A. E. Budd. *Ohio*—Dr. MacNicholl, (4,) Dr. S. D. Frost, (with encl.,) Drs. Steele and Harbison, (with encl..) Dr. E. Sterling, Dr. A. Schulch, (with encl.,) Dr. E. Baltz, (with encl.,) Drs. J. and E. W. Bosler, (with encl.,) Dr. J. W. Shriver, (with encl.,) James Rutty, (with encl.,) Dr. W Egry, (with encl.,) Dr. S. G. Armor, (with encl.) *New York*—Dr. C. K. Winnie, (with encl.,) Dr. E. N. Chapman. *Pennsylvania*—Dr. G. W. Hoover, Dr. G. W. James, Dr. I. N. Snively, Dr. T. Green, (with encl.,) Dr. J. Fischer, Dr. T. B. Shugert, (with encl.,) Dr. L. W. Bingham, Dr. R. H. Patterson, Dr. J. L. Stewart, Dr. Ira H. Canfield, Dr. J. Pursell, (with encl.,) Dr. D Holmes, (with encl.,) Dr. G. F. Horton, (with encl.,) Dr. H. D. Witman, Dr. J. H. Grove, (with encl.)

Office Payments.—Dr. E. C. Dougherty, Dr. H. C. Groff, (Pa.,) Dr. A. M. Miller, (Pa.,) Dr. H. B. Buck, (Pa.,) Dr. M. R. Gryder, (Pa.,) P. C. Shive. By Mr. Swain: Dr. Reese, (adv.,) Dr I. Remington, Dr. D. Merritt.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 22, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	257	377	86	.....	66	.....	.....	12	.....	.....	91
Males	146	200	41	.....	37	.....	.....	7	.....	.....	44
Females	111	177	41	.....	29	.....	.....	5	.....	.....	45
Sex not stated	.....	.....	4	.....	.....	.....	.....	.....	.....	.....	2
Whites	244	364	75	.....	.....	.....	.....	6	.....	.....	89
Black and colored	13	13	11	.....	.....	.....	.....	6	.....	.....	2
United States	194	244	.....	.....	40	.....	.....	10	.....	.....	.....
Foreign countries	47	132	.....	.....	26	.....	.....	2	.....	.....	.....
Nativity unknown	16	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	115	137	43	.....	17	.....	.....	5	.....	.....	50
5 to 10 years	16	26	2	.....	5	.....	.....	1	.....	.....	.....
10 to 20 "	12	11	3	.....		.....	.....	1	.....	.....	.....
20 to 50 "	79	109	21	.....	44	.....	.....	1	.....	.....	41
50 and over	35	62	16	.....		.....	.....	4	.....	.....	.....
Unknown	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	6	12	5	.....	1	.....	.....	.....	.....	.....	2
Cholera Infantum	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	2
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria	11	13	.....	.....	.....	.....	.....	1	.....	.....	4
Dysentery	.....	2	.....	.....	1	.....	.....	.....	.....	.....	1
Erysipelas	.....	1	1	.....	2	.....	.....	.....	.....	.....	.....
Fever, remittent	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" typhoid	3	3	4	.....	1	.....	.....	.....	.....	.....	4
" typhus	1	5	.....	.....	.....	.....	.....	.....	.....	.....	2
" scarlet	26	24	4	.....	4	.....	.....	.....	.....	.....	1
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	1
Measles	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	10	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	4	.....	.....	1	.....	.....	.....	.....	.....	1
Congestion of Lungs	.....	.....	1	.....	2	.....	.....	.....	.....	.....	2
Consumption	44	53	14	.....	16	.....	.....	1	.....	.....	10
Pneumonia	12	26	4	.....	3	.....	.....	.....	.....	.....	16
Hemorrhage from Lungs	3	2	.....	.....	4	.....	.....	.....	.....	.....	.....
Pleurisy	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	10	.....	.....	.....	.....	.....	.....	.....	.....	1
Convulsions	14	24	1	.....	1	.....	.....	2	.....	.....	15
Congestion of Brain	9	10	.....	.....	.....	.....	.....	1	.....	.....	.....
Disease of Brain	5	1	.....	.....	.....	.....	.....	.....	.....	.....	1
Delirium Tremens	2	3	1	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	6	16	1	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	4	14	2	.....	3	.....	.....	.....	.....	.....	.....
Paralysis	1	5	.....	.....	2	.....	.....	1	.....	.....	.....
Tetanus	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	12	11	1	.....	3	.....	.....	.....	.....	.....	2
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	3	8	.....	.....	1	.....	.....	.....	.....	.....	.....
Gastritis	.....	3	.....	.....	1	.....	.....	.....	.....	.....	2
Hepatitis	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	.....	8	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	5	5	.....	.....	.....	.....	.....	.....	.....	.....	2
Marasmus	6	19	.....	.....	.....	.....	.....	.....	.....	.....	2
Peritonitis	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	4	3	.....	.....	.....	.....	.....	1	.....	.....	.....
Dropsy	6	5	4	.....	.....	.....	.....	.....	.....	.....	2
Debility, etc	9	9	.....	.....	2	.....	.....	.....	.....	.....	5
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Puerperal Diseases.											
Hemorrhage	1	.....		.....		.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	2	.....	4	.....	.....	.....	.....	.....	.....
Fever	1	4		.....		.....	.....	.....	.....	.....	2
Diseased Womb	.....	1		.....		.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	4	11	4	.....	1	.....	.....	.....	.....	.....	.....
Poisoning	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Stillborn	20	.....	4	.....	.....	.....	.....	.....	.....	.....	5
All other causes	15	31	31	.....	15	.....	.....	12	.....	.....	7

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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Diphtheria, delivered at the University of Pennsylvania, Dec. 24 and 27, 1860.

By W. Pepper, M. D.,

Professor of the Theory and Practice of Medicine.

[Reported for the Medical and Surgical Reporter.]

Relations of Diphtheria to Scarlatina.—This is a question of vital importance. In the first place, in scarlatina, membranous exudations, such as occur in diphtheria, are very common. We also know that the glands of the throat, and the submaxillary glands are very generally enlarged in bad cases of scarlatina; and the nostrils are obstructed, while frequently there is a membranous exudation at the angles of the mouth, at the eyelids, or behind the ears; and from this it would appear that diphtheria and scarlatina resemble each other very closely, except that in diphtheria there is no characteristic eruption.

But it is well known that the most malignant forms of scarlatina, and acknowledged to be so, are occasionally found to exist without any eruption, or, when the eruption exists, it is often exceedingly pale and faint; yet we know the disease to be scarlet fever, because other members of the same family are sick with undoubted cases of scarlatina. Therefore it might seem that the only objection to considering diphtheria as being scarlatina, is with regard to the eruption, which objection is removed by showing that, occasionally, the scarlet fever itself does exist without any eruption.

It is admitted that these two diseases prevail simultaneously. Scarlatina is quite rife at the present moment in this city, and diphtheria is known to prevail; thus both diseases very often run together.

Then their sequelæ are the same—albuminuria, excessive prostration, purulent discharges from the ear, occurring in both classes of disease; and hence, as far as analogy goes, there is a strong resemblance between these two affections. The authorities in favor of the identity of these two diseases generally admit the malignant sore throat, as described by Huxham to be in reality scarlatina; and if this malignant sore throat also occurs in diphtheria, it might be concluded, therefore, that these two diseases were identical, an opinion which is entertained, indeed, by some high authorities.

Those who oppose these views say that, though the two affections are frequently associated, they are as distinct as small-pox is from measles; that diphtheria has often prevailed epidemically without any scarlet fever, and scarlatina has prevailed epidemically without diphtheria; that there are broad anatomical differences; that we do not know any thing positive of the gangrenous angina of Huxham, and most probably the condition described by him was identical with the sore throat of scarlet fever; that there was ulceration and absolute gangrene, and frequently suppuration of the cervical glands; whereas, in the local affection of diphtheria, it is rare to have suppuration or gangrene, or suppuration of the cervical glands.

It is admitted that the membranous exudation of scarlet fever rarely invades the larynx, which is true beyond a doubt; this tendency being not nearly so frequent as in measles; but in diphtheria *the tendency is constantly to the larynx*, and in this lies the great danger.

Diphtheria is oftener met with as a sporadic disease than scarlatina, though the latter does so occur occasionally.

Some very high authorities are opposed to the supposed identity of scarlatina and diphtheria; and, in the *British and Foreign Medico Chirurgical Review* for 1860, there is an able article in which

the non-identity of the two diseases is contended for.

My own impression is, that the two diseases are distinct. I have seen diphtheria so many years back, without considering it as scarlatina, that I cannot bring myself to think of the two diseases as the same; though, at the same time I admit that there is a strong analogy between them, and occasionally the two poisons may exist in the system at the same time. But that diphtheria does exist as an independent disease, I cannot doubt, even though I am willing to admit that there is a strong analogy. It is a vexed question, and I have not even yet made up my mind positively.

Some have supposed that diphtheria and croup were the same thing. Croup was first so named by Dr. Francis Home, of Edinburgh, in 1765, from a Scotch word, referring to the particular sound made by a chicken when suffering from disease of the throat, and it had reference to a *sthenic* inflammation of the air passages, with an exudation of false membrane, which is seen constantly in croup without having anything to do with diphtheria. A child in perfect health, from exposure to cold, has an inflammation of the larynx, ending in the formation of a false membrane extending into the bronchial tubes. It is an exudation of acute inflammatory, sthenic croup.

What is called catarrhal croup, is a mere turgid condition of the mucous membrane, from cold and other causes, with a mucous secretion, being attended with spasm, similating croup.

In *diphtheritic croup*, the difficulty commences in the throat; it is a creeping croup, and extending down into the larynx; it is an accident of diphtheria, and no more a part of the disease than the diphtheritic exudation behind the ears; and there is this difference between true croup and diphtheria, that the term croup is applicable only to the inflammatory, sthenic form.

There is, too, an affection of the throat, which I have frequently seen in adults, with intense pain in the part, and where, on examining the throat, there will be found inflammation and absolute ulceration, and not a mere exudation. This is not diphtheria. We should, also, be always careful not to confound diphtheria with the little white exudations so often found in the sore throats of children under all circumstances.

In ninety cases out of a hundred of acute sthenic angina in children, there will be white plastic deposits on the tonsils, perhaps on the velum, and perhaps even on the pharynx. If every such case is to be called diphtheria, then, indeed, diphtheria is very common. But these cases form a very insignificant disease, and very frequently, from too hasty and improper diagnosis in these cases, strong caustic applications are made to the throat—thus increasing the malady, and perhaps even sometimes giving rise to fatal developements; hence it is highly important that a simple catarrhal affection should not be confounded with diphtheria.

Diphtheria is not a local affection; it must be owing to some particular condition of the blood. The diphtheritic exudation is not confined to the throat. A blister on the leg of a person will become covered with the deposit, and the patient may become attacked with severe and constitutional affections, and die sometimes, independent of the local disease, when the blood is in this condition.

There is, probably, some altered condition of the fibrine of the blood, and, when this condition of the circulating fluid occurs in an epidemic form, it is generally attended with great prostration of the vital powers.

Treatment of Diphtheria.—Seeing that this disease may prevail as a sporadic affection, sthenic in its character, and also as an epidemic disease, (adynamic,) and attended with typhoid symptoms, you can readily understand that the treatment of diphtheria must be modified according to the circumstances of the case, and that there is no particular treatment applicable to all cases.

We should always bear in mind that it is not a mere local affection, and therefore a mere local treatment (as some have supposed to be all that is necessary) is not sufficient. The blood is in an altered condition—most probably the fibrine is particularly impaired in its vital powers—and, under these circumstances, you could hardly expect that the inflammation would be amenable to ordinary local treatment. You should always bear in mind, moreover, that the ultimate tendency of the disease, even in the sthenic form, is to prostration, and therefore that it is very essential that we should, as far as possible, economize the powers of life.

In mild forms of the affection, (sporadic and sthenic,) a slight antiphlogistic treatment may be demanded. Sometimes the disease may be so simple as not to be connected with any constitutional disturbance, and therefore requiring

only local treatment. But this class of cases is very rare. In the malignant form, which is that which prevails during an epidemic, we are obliged to have early resort to tonics and stimulants and nutritious food. I am in the habit of prescribing the muriated tincture of iron in fifteen-drop doses four or five times a day, and sulphate of quinia in doses, so that five or six grains shall be taken in the course of the twenty-four hours. At the same time, to sustain the strength, I give wine and water, wine-whey, and porter, and, when necessary, from the great prostration present, I employ the oil of turpentine, the same as in cases of enteric (typhoid) fever.

There is some discrepancy of opinion with regard to the use of calomel. Some practitioners urge its use as being calculated to prevent the accumulation of the plastic deposit, while others contend that it will still more impoverish the blood, and give rise to local inflammation about the mouth, and thereby increase the mischief.

In the adynamic form, there is no doubt but that its use would be injudicious treatment; but, in the sthenic forms, it may be sometimes administered in small alterative doses, but very cautiously. Some forms of croup are often treated with calomel; but, in the adynamic forms, there is no good to be derived from its employment. Certainly, as long as the disease is confined merely to the throat, I should not be inclined to use it.

Chlorine, in some form or other, enters into many remedies that have been most commonly used in this disease, and those who advocate the use of calomel contend that even it may be beneficial on account of the combination between mercury and chlorine. Chlorate of potash is, by many, considered a valuable remedy, and it is one which I have used for several years in this disease in ten-grain doses, given every four hours, dissolved in a tablespoonful of water.

I have already spoken of the use of the muriated tincture of iron. Labaraque's solution, in doses as high as twenty drops in a tablespoonful of water every three or four hours, has also been used.

With regard to the use of local remedies in the mild forms of the affection, I have rarely found it necessary to use anything but powdered alum and sugar, or borax and sugar in equal parts. Sometimes I have used a feeble solution of some of the mineral astringents; not more than five grains, or ten at most, of the sulphate of zinc, or nitrate of silver, in an ounce of water, which, with the constitutional treatment as recommended, has generally made the mild form retreat. I feel confident that, in many of these cases, if I had used the solid nitrate of silver, I would have increased the inflammation, and therefore the amount of deposit; and, in fact, some mild cases are thus converted into a serious disease, bringing the inflammation and deposit so low down that it involves the chink of the glottis and invades the larynx.

In the malignant form, Labaraque's solution is very good in the proportion of one drachm to the ounce of water; and the same may be said of the muriatic acid, in the proportion of f℥j to the f℥j of fluid. With regard to the use of nitrate of silver, I should not hesitate to use it, when I thought necessary, of greater strength than I have spoken of in mild cases, and to go as high as twenty grains to the ounce. I am not in the habit, in my own practice, of using the solid caustic.

When there is considerable enlargement of the submaxillary glands, physicians have resorted to local depletion by leeches, and also by means of blisters. But the result of experience is, that blisters do more harm than good, often, indeed, increasing the tumefaction, and frequently the whole blistered surface becoming covered with the deposit; while leeches themselves rather tend to increase the engorgement when applied directly over the seat of tumefaction. Here I would rely more on the external application of liquid opodeldoc and other applications, such as the spongy pile, which when moistened with warm water, tends to keep the skin in a relaxed condition.

It is important, throughout the treatment, to sustain the patient by nutritious food. Occasionally, in the malignant form, there are acrid discharges flowing from the throat into the alimentary canal, which keep up an exhausting diarrhœa. This should be checked by the administration of prepared chalk, with the tincture of catechu and paregoric, or a few drops of laudanum. The nostrils, too, are very often much obstructed, giving exit to an acrid fluid, which excoriates the lip and occasionally constitutes a serious evil. It may be sometimes relieved by injections through the nostrils, of weak solutions of sulphate of zinc, two or three grains to the ounce, or Labaraque's solution, very dilute, not more than one part to twenty of water.

In this way you can frequently relieve the nostrils of this false-membranous exudation, and sometimes even wash out the throat at the same time, and more effectually than you could by the mouth. It will happen sometimes that the fauces are so blocked up by the deposit that it interferes with the powers of deglutition, and even causes great difficulty of breathing. Under such circumstances, where the strength admits it, an emetic will be very useful. You may give alum as a safe and prompt emetic, combining with it a small portion of ipecacuanha. A single teaspoonful of powdered alum and ten grains of powdered ipecacuanha will act as an emetic, and rid the patient of this incumbrance without causing any very great prostration.

COMMUNICATIONS.

Cases of Abnormal Urinary Deposits.

By A. W. Woodhull, M. D.,
Of Newark, N. J.

(*Continued from page* 362.)

Whenever oxalic acid is present in the urine, it must necessarily combine with lime as a base, because this is the only base it can readily precipitate from all its combinations with acids.

It would be interesting to inquire why oxalate of lime is not *always* present with an abnormal quantity of urea? What additional diseased organs or functions must exist to allow of their combination?

The conclusion seems irresistible, that the oxalate is generally the result of changes in nitrogenized food, due to the imperfect assimilation of that food; the mal-assimilated, or rather non-assimilated elements, aided by oxidation, forming this substance, which the kidneys eliminate, but never form.

In studying the symptoms of those who are afflicted with oxaluria, we find, if there is any one symptom which more than others is present, it is excessive depression of the nervous system.

May there not exist, then, some hitherto unexplained relation between the function of the assimilative organs, and the function of the ganglionic nerves?

We have shown that in certain diseased conditions, accompanied by nervous depression affecting the functions of certain organs, we may have a peculiar arrangement of the atoms of the excrementitious material to be eliminated. Is it unreasonable, then, to suppose that in certain *other* diseased conditions, the symptoms of which are characterized by the deepest depression of the nervous system, even to the extent of melancholy and hypochondriasis, we should find the functions of these organs still affected, and acting in such a manner upon the effete materiel as to produce a peculiar, but different arrangement?

We know that the oxalate may exist in large excess, and sometimes unaccompanied by excess of urea, in persons in which the only perceptible cause is of a mental character, as anxiety, severe study, or grief; and it may follow venereal excesses and intemperance, exposure of the lower part of the spine to cold, or injuries to the spine itself.

So that it does not appear at all unlikely that its presence may be directly referred to those cases, in which the arrest of the natural and proper metamorphosis of the tissue is due to organic or functional derangement of the nervous system.

Every day we see the power of nervous action upon organic function. Let a man partake of a full meal, and should he be powerfully affected by grief, fear, anger, physical pain, or great anxiety, the probability will be that his food will be undigested, not assimilated—the man has dyspepsia *dependent upon nervous causes*, and his urine will be loaded with urea, in probable combination with the oxalate, both of which will disappear upon a removal of the causes.

Now, it is the opinion of some observers that the nervous symptoms present in oxaluria are entirely owing to the presence of the oxalate in the system; yet in this instance we could hardly say that the presence of the oxalate was the *cause* of the nervous derangement which preceded it.

So we believe the whole truth may be briefly summed up,—that in cases of long standing disease, the relation of nervous derangement to oxaluria is that of cause to effect;—that such derangement is productive of changes in the assimilative processes, as well as in the circulating fluid itself;—that the impairment of the functions of the kidneys, also depending upon such derangement, is in these cases of such a nature as to necessitate the production of oxalate. We must have two diseased conditions of the system to produce this peculiar morbid material,—impure blood, containing, from whatever causes, mal-assimilated substances,—and impaired nervous influence, acting upon such blood.

We may have either one of these conditions alone, and no oxaluria; but combine them, and we will certainly have what has been termed the oxalic diathesis.

These obscure relations of many of our functions to the nervous organization we cannot now clearly understand; we adduce facts, and strive to reconcile them with the actions of known laws; and when we fail, or only partially succeed, we must leave for future investigation the solution of those difficulties which meet us on every side.

Therapeutical Indications.—The best criterion by which we can judge of the truth of pathological research, is based upon the facility and certainty with which remedial agents act upon disease. No matter how splendid may be our theories, or how erudite the investigations upon which they are founded, if they fail in the one test-point of rational treatment suggested by these investigations, they are utterly worthless.

The treatment of oxaluria, based upon the principles of its pathology, which have been advanced, is eminently successful, but few cases resisting the powers of medicines judiciously administered.

In this disease, as has been stated, we have an impairment of the digestive and assimilative organs, accompanied by excessive nervous derangement and depression, the one preventing the proper appropriation of reparative material, thus causing to be present in the system an undue amount of effete substance; and the other, by a perverted, abnormal power, producing such change in the said substance as to result in the diminution of the salt in question. Whatever the cause of the digestive derangement, or wherever its location, we should diligently seek to remove it. If the stomach be irritable or weak, it should be strengthened by gentle tonics, being careful not to overtask its powers. If torpidity of the liver exist, attention should be primarily directed to it, and a mild cholagogue be administered, the most effective being the Pil. cath. comp., or Pil. Col. c. Hyd., in small, frequently repeated doses. Every device calculated to promote cheerfulness and hope should be brought into requisition.

Diet is of the greatest importance. This should consist of well-cooked, easily digestible food, about equally animal and vegetable. It is a mistaken idea that the reception of nourishing food into the stomach of a debilitated, dyspeptic invalid will nourish him, or that the temporary excitation of the circulatory or nervous systems by repeated exhibition of stimulants, will strengthen him. A patient may lose flesh, and absolutely starve, on a diet of meats and liquors three or four times a day, and grow fat on rice, or milk, or other food the stomach can really digest. The same is true in reference to the administration of some of the usual tonics, as iron and quinine, substances worse than useless when the digestive organs are in such a condition that they cannot be taken up by the system. The mineral acids will be found far more appropriate under such circumstances.

The plan of partaking of food more frequently, because the stomach is unable to bear much at a time, is most pernicious. The effect is to keep the organ in a continual state of excitation, allowing no period for rest. If we leave the stomach long enough quiet, it will make its own calls for food. Of drinks, water is the best; of the milder stimulants, when they are required, lager beer is to be preferred; and of the stronger, a little pure brandy in a glass of water may be taken as a beverage at meals.

The perspiratory functions should be carefully attended to, as the skin will usually be found dry, parched, and inactive; the daily tepid, or cold, or shower-bath, with active friction, should be recommended. The exercise should be within the limits of fatigue. The body should be well protected from sudden changes in temperature, so common to this latitude, by flannel or merino garments, and, as near as possible, an equal degree of heat should be maintained by the body.

When great irritability of the nervous system exists, the Sulphate of Zinc has been highly recommended, beginning with grain doses, three times a day, increasing every fourth day, until the dose be five or six grains. I have found the Valerianate of Zinc answer a still better purpose, in doses of gr. j—iij., three times a day.

Complicated with anæmia, or chlorosis, the disease must be treated with reference to the condition of the blood, and some of the preparations of Iron will probably be indicated. The best is the ammoniated citrate in gr. v. doses, three times a day, *after* meals.

Dr. Bird strongly recommends colchicum in cases which have resisted all other treatment; and the well-known action of this remedy in preventing the formation of uric acid, should warrant it a fair trial. But the remedy, the administration of which has been followed by

the most satisfactory results, is the nitro-hydrochloric acid.

It seems peculiarly adapted to relieve many of the pathological conditions present in oxaluria.

In many diseases of the liver, it is very valuable, and much benefit has been derived from it in cachectic states of the system dependent upon many causes. But its effect upon the elimination of the oxalate seems to be almost specific; and it probably acts by decomposing, or destroying in the blood, substances which are either abnormal or in excess, leaving unaffected the normal constituents of the fluid. And experiment tells us there is no better solvent of the oxalate than this very acid. It should be combined with other agents in accordance with the indications of the symptoms of the case. Care should be taken in its preparation, that not merely a *mixture* should be used, but an actual compound, arising from a mutual decomposition of the nitric and hydrochloric acids. For this reason one part of the former should be united with two or three of the latter, and allowed to remain together at least five minutes before dilution to a degree, proper for administration.

Should there be evidence of the formation of a calculus, no better remedy can be prescribed.

Thus, by carefully watching the symptoms, and bringing to our aid all the means in our power to assist us in forming a correct diagnosis, foremost of which would we rank accurate analytical examination of the urine, and making use of the hygienic and remedial agents which sound pathology and experience suggest, our efforts may generally be crowned with success, and a most distressing and hitherto intractable disease be replaced by the blessings and comforts of health.

Remarks on the Views of Dr. Todd, in reference to the Treatment of Acute Diseases.

By an Old Fogy,
Of Philadelphia.

Ecce iterum Crispinus! Is it possible that the long, languishing debates of our youth, many times exhausted, and which we had fondly hoped were settled forever, are now to be resumed? Is it really in destiny that what employed us, in those days, for several years of careful and comparative observation, in the wards of the Pennsylvania Hospital and elsewhere, is now not only raised again as a subject for discussion, but brought forward with all the eclat and circumstance of novelty, and as a development of the science of the age? Have our old debates between leading teachers in Philadelphia, contests with the New York school in the days of Hosack and Dyckman, and over-rulings by eminent practitioners in this city, which we had thought so long contested and so thoroughly exhausted, been again awakened, and awakened as a novelty and a step in the progress of science? Have teachings of Dr. Parrish, which Dr. Wood has not preserved, come to us again as the inference from an age of improved chemistry and extended use of the microscope? Can convictions

> Quos neque Tydides, nec Larissæus Achilles,
> Non anni domuere decem

could remove, be overturned by little more than a simple declaration of opinion by a great man? Or, in more humble and familiar prose, has Monsieur Tonson really come again?

It is with much hesitation, certainly, that we have undertaken to make critical remarks upon this very authoritative volume; the character and position of the author have been so high as to render caution in this respect his due; and we understand that he represents the opinions of a large and much-respected number of members of our profession, who deem his general views not only sound, but as constituting, together with those of others who agree with him, a real and valuable step in advance for the healing art. At the same time, we feel that we shall be obliged to differ from many of his opinions and very greatly modify others. For the sake of the necessary brevity, we shall sketch, as briefly as we can, the leading propositions of his work, and follow them with a few comments.

Dr. Todd's book is without any methodical arrangement, but presents its subjects in an apparently accidental succession. This he ascribes to the fact of its being composed of clinical lectures, and growing out of the succession of well-suited cases in the hospital. We shall endeavor, as far as is in our power, to supply the deficiency. The real animus of his volume, the elementary and central idea, seems to be the attempt to disprove the propriety of depletion, and to maintain that brandy and other stimulants support the powers of nature, and are, for that reason, the most important part of the proper treatment of phlegmasiæ. As this seems best developed in his chapter on

Acute Internal Inflammations, and that on the Therapeutic Action of Alcohol, we shall take the liberty of presenting them first.

Inflammation is a deranged nutrition. Acute internal inflammations are to be suspected of being always connected with some diathesis, as gouty, rheumatic, or scrofulous, (p. 169,) and dependent on a morbid matter. To get rid of this, vital power is requisite; and the best treatment is to supply nutritious matter, as by broths, etc., and by alcohol. In page 176, this last acts upon the Liebigian theory, that it is a supporter of calorification in the lungs, and spares the waste of the materials of the tissues in that process; but in lecture xiv. alcohol is brought forward as itself nutritious. It is rapidly absorbed, and its addition to the animal fluids most nearly resembles the effect of the digestion of lean meats; (p. 287;) alcohol being the preferable nutriment, as it requires no previous digestion. In a proper dose, it particularly both supports and protects the nervous system. Absolute or anhydrous alcohol "can only be taken with extreme caution and in very small doses." We thought it was a powerful poison; Pereira, II., 907, edit. 1852; and never employed in medicine; Merat and De Lens, I., 152. Brandy should be given in small repeated doses, as half an ounce from every three hours to every hour. It is not essentially necessary in pneumonia, but it is an important accessory. It will cure delirium in acute disease. The case xci., however, was of delirium tremens; but the next is of epileptic delirium, one occurs in pneumonia, and others in typhus fever, small-pox, etc. Continuous fevers are typhus, typhoid, and relapsing; the latter of rare occurrence, and omitted in the discussion. It is better to stimulate too much than too little, (p. 92.) To his aphorisms, at page 127, we can, in general, give a hearty concurrence. They relate, principally, to good nursing, patience, the avoidance of fidgety meddling, attention to the bladder, and omission to disturb the patient materially for slight changes in the secretions.

The "nimia diligentia medici," censured by a great practitioner, is here justly pointed out and condemned. Dr. Todd is not the worse for the sanction of Sydenham; but the "nimium diligentiæ," at page 46, would hardly, we suspect, be received at Eton. Aphorism 9, however, only enforces the dogma about stimulants which we have given above; and aphorism 10 urges the increase of stimulation for the increase of delirium or coma; recommending, however, blisters on the nucha and over the cranium and heart.

A sketch of the physical signs of pneumonia is given; and then a table of the condition of the urine in a case. This is prepared by Dr. Conway Evans. We do not quite understand the comments of Dr. Todd. The summary seems to us to be that organic matter in the urine diminished to one-fourth, from the eighth day of the disease to the fourteenth, and then increased to quite the original amount by the twenty-first; while the fixed salts diminished to less than half from the eighth to the twelfth and thirteenth; then suddenly rose to four and a half times the amount with which they started, and reached eight times that amount on the twenty-first; that the urea, extractive matter, and ammoniacal salts diminished by the fourteenth to less than one-fourth, and then, by the twenty-first, increased to four-fifths of their former proportion; and the uric acid fluctuated by no discoverable law. The early history of this case is reduced to a mere sketch; and we cannot find what were the external changes which accompanied these variations in the urine. Little more is said of the disease than enumerating it as pneumonia. Small doses of tartar emetic had failed, and larger ones do not seem to have been attempted. The recovery is said to have been rapid when "sweating" was "promoted" by acetate of ammonia. We do not see much other singularity in the treatment, that the absence of bleeding, and the "support" of the strength, as described above. His cases were seventy-six in number; twenty-five were treated by bleeding, tartar-emetic, and, "more or less freely," mercury. The deaths among these were 4, or "about 1 in 6." Under his more recent treatment, among fifty-three cases, 6 died, or "about 1 in 9." This discrepancy is exaggerated. The exact numbers, instead of 1 in 6, or 1 in 9, are 1 in 6·17, and 1 in 8·83; or they are as 16 per cent. and 11·3 per cent.

It is set down as an established point in pathology that *rheumatism* consists essentially in a poisoned blood, pouring out poisoned secretions in "very vascular" parts, which do not, as the lungs and liver, present ready means of elimination. "These are the delicate synovial membranes of the joints, and the almost identical structures, the serous membranes, the pericardium, endocardium, and pleura, the air-cell of the lung itself, and even the peritoneum." We had really thought that the serous and synovial

membranes contained *no* blood-vessels, and their vicinity but few, excepting the little clusters of red arteries and veins in the fatty clots or tufts, the "pelotons" of the joints, and except where the membrane coated a vascular viscus, such as the liver. The composition or character of the peculiar morbid product, or "materies morbi," it looks more learned in Latin, is nowhere, as far as we can find, clearly defined, or even, what is easier, discussed. We are told, p. 20, that it arises from checking perspiration, which discharges a large quantity of free acid; and that this gives rise to the evacuation of lithates, purpurates, and even blood, by the kidneys. Incidentally, again, and in the middle of the treatment, p. 45, we are informed that "it is probable" that the "materies morbi" is lactic acid, or some analogous agent. No explanation is given of the process by which retention of the lactic acid by the skin gives rise to such results as the discharge of lithates, purpurates, and blood. The treatment by bleeding, considered separately, and not as part of a method, leaves the patient debilitated, and sometimes occasions death; a result which we certainly do not doubt. Moderate bleeding and diaphoretics "appear to increase the danger of internal effusions into the pericardium, pleura, and synovial cavities," and "the most violent and troublesome cases of delirium." Mercurial treatment is "curing one disease by setting up another," and often a worse; as ptyalism, with loose teeth, ulcerated gums, etc.;" and "does not in the least" guard us against inflammations of the serous membranes. It should seem that it cannot be moderately used. "Colchicum and guaiacum" are classed together; and colchicum can cure gout, "but it is far from acting in an analogous manner in rheumatism, either acute or chronic. Guaiacum "has less claims," and neither of them can do much good, except by "colliquative purging;" and then they give rise to exhaustion. "Treatment by opium has much to recommend it," but is not advised alone. Haygarth's treatment, by large doses of bark, now superseded by quinine, is not to be approved of, because it and bleeding "are completely at the opposite extremes of our therapeutical resources," and he "approves of neither," except in colliquative sweating, with copious and pale urine, and abundant "*pale lithates*," in which quinine has done great good, and rapidly. The italics and the preference of "lithates to urates" are his own.

The last and best method is by elimination. This is executed with Dover's powder, made with nitrate of potassa, by carbonate of potassa in large doses and moderate purging by "our hospital nostrum, the white mixture, containing magnesia and sulphate of magnesia." Leeches do no permanent good to the affected joint; the heat and pain return, and then the repetition of the process is useless. The joints should be wrapped in "cotton wool," covered with oiled silk. Blisters have been serviceable.

Nearly a whole lecture is occupied with "the delirium." It resembles delirium tremens, but is sometimes comatose. It is *not* necessarily connected with the affections of the heart. On these last we see nothing original. The delirium is to be treated with opium at once, "possibly liquor ammoniæ acetatis," bicarbonate of potassa, wool or blisters to the joints, beef tea, and brandy or wine freely, with purgatives moderately or carefully.

We have not made room for the case of pyæmia and the comments. They have not struck us as singular.

Constitutional erysipelas very frequently begins in the throat. It sometimes wanders down over the respiratory mucous membrane, in general passing very rapidly over the larynx, and then producing erysipelatous bronchitis; a complaint of more common occurrence than is generally supposed; very fatal, accompanied by great prostration, and often by purulent expectoration. When the fluid in the air tubes has accumulated sufficiently to narcotize the nervous organs by impeding the aëration of the blood, some have called the case paralysis of the lungs. In case xliv., an interval of six days passed between the visible erysipelas and the commencement of the symptoms of bronchitis. We should have said broncho-pneumonia. It destroyed the patient in little more than a day. In case xiv., though it is called erysipelas, œdema glottidis is mentioned, but no account is given of any cutaneous affection at all. Nearly the same may be said of cases xlvi. and xlvii. Case xlviii. is given as an instance of overstimulation, with ammonia, chloric ether, and brandy. The patient in case xlix., aged 27, died of erysipelas of the face, under violent stimulation. No broncho-pneumonia was found; but a recent pleurisy existed, and no other morbid change was observed. Several more cases are given which we shall not analyze. They were all actively stimulated, proved tedious, and spread extensively.

Upon the cases enumerated in lecture vii.,

the present reviewer confesses himself unable to form any opinion. The fauces were scarcely ever seen. The narratives have given him the idea of violent spasm, possibly from an affection of the brain. Although Dr. Todd describes the malady as paralyzing the muscles of deglutition, yet it appears from the narrative that in general a violent trismus prevailed! No marked evidence of inflammation of the mucous membranes is made out, although he classes these cases as extending to the lining of the air-passages! There is not even any mention of eruption on the skin at all, although the disease is enumerated as a variety of erysipelas! The faintest allusion is not made to the very probable suggestion of diphtheritis, which the cases externally so much resemble.

We should have thought that, to any one who had seen practice, the mere recapitulation of the preceding conclusions would have been sufficient; that daily experience or numerical comparison would have convinced any such that nearly all the distinguishing points peculiar to Dr. Todd, which we have above recited, should be rejected without further discussion; and that almost the only remaining question capable of controversy, was, how any body could be induced to entertain such opinions. The reader may, at all events, depend upon the entire fairness of the above citations and allegations.

The space at our disposal will not admit of our taking up the above dogmata seriatim, and replying to them individually; and we have concluded to sketch out some of the remarks which we feel it proper to make on them, in a consecutive mass, and leave the matter so that the modesty of the reader who may agree with us should not be compelled to yield at once to uncontradicted authority, but should feel such support as is derived from the fact that there exist individuals who have received the same impressions.

First, then, our distinguished townsman, Professor Gross, was fully borne out, when, in a recent medical society memoir, he alleged that this so received new doctrine was, tout simple, a revival of Brunonianism; that system so universally discussed usque ad nauseam in a former age, and which our own Rush, in his manuscript lectures, more than once qualified as "that detestable Brunonian doctrine." The theoretical refinements published under the now twice celebrated name of John Brown, possess a charm for those fond of prolonged chains of abstract reasoning, may be called transcendental, and, possessing this character, had for a long time great vogue in some of the Universities in Germany. Something of the same kind occurred in his own island, as may be occasionally seen by those who consult Darwin's Zoonomia; but the portions which most directly interest practice, and hence, perhaps, possess the most importance—which gave rise to the violent stimulation that Brown brought into vogue, are more to be gathered from controversial publications and from tradition than from the text of the Elementa Medicinæ. Yet we have, of sthenic diseases, "cccxlii. Inflammatio, vel ad hanc vicinus adfectus, sive catarrhalis sive alius, diatheseos sthenicæ pars, in loco laborante quam alio quovis pari major est. Quod hic quoque noxæ excitantes in totum corpus agentes signa morborum toti communem adfectum demonstrantia, et hunc auxilia toto depellentia, manifestant."

"ccxliii. Communis adfectus loco contentum plerumque præcedit aut simul incidit; nunquam sequitur, quia causa ejus, incitatio nimia, diathesin creans, et toto corpore diffundens, ante ipsum morbum existit.—Hinc in magna diathesi loci affectus magnus, in minore obscurus, in mediocri et leni propterea nullus, quod ei diatheseos morbosæ magnitudo necessaria est. Sic in peripneumonia—item in rheumatismo—nec in rubeola—non."

And of pneumonia, "cccxlix. Sedes morbi totum corpus, totum genus nervosum est."

Of diseases in general, "xcvi. In medendi consilio, sola materiæ morbificæ ratio habenda est, ut tempus quo exeat corpore detur."

"xcvii. Si enim morbus ut communis rite administretur, omnis eruptio et, quæ hanc sequuntur, omnis inflammationis omnis exulcerationis species communis curationis felicitatem sequuntur. Hoc variola—rubeola—pestis—cynanche gangrænosa et alii Typhi cum simili partis vitio declarant. In his duabus periculum vitæ semper e communis adfectus magnitudine est, nec sine hac localis formidini esse debet. Adeoque idem de prioribus verum est ut—tota e communibus auxiliis curatio pendeat."

These quotations certainly furnish abundant authority for the doctrine that inflammatory diseases mainly depend on the state of the circulatory system; and when to this we add the use made by Brown, of the argument of the so prevalent existence of either direct or indirect debility, implying the necessity of stimulants,

we have enough to cover the whole general principle so conspicuously inculcated by Dr. Todd.

We have thought, as man was a limited creature, limited in his actions and endurances, and in the quantities of matter on which he can act, and which can act on him, that this principle would apply, in common with all other human affairs, to the practice of therapeutics; and that the proper treatment of his diseases depended on the amount, quite as much as on the selection, of the remedial agents to be employed for his benefit. As he varies excessively in powers in the different parts of his body, and as he appears in different individual specimens, and as we have not even a complete catalogue of the variations, it appears to us that no practice can be sound and proper that is not founded on careful and enlightened watching of the consequences or subsequences of the applications made. By doing this, there has arisen a truly surprising amount of agreement in the experience of men of different ages and countries, and even when they have proceeded upon diversified principles or doctrines. This requires, however, that they should be scrupulous and skilled observers of nature and truth; and such is, in fact, a universal mean of distinguishing such men. In this way, a "common sense," founded on common experience, has arisen in the profession.

This common sense has rendered it very improbable in frequently occurring and well-known diseases, in the absence of very certain evidence, and without repeated observations by different observers, that any remedy, long used with discrimination by careful and painstaking men, should be found deserving to be entirely excluded from practice, or to be carried to any great excess or universality of employment. Abstract theories, or the belief of great men, are, in such cases, of little real weight beyond the encouragement of cautious trials of deviating processes; and the daily experience of observing and morally well principled individuals is capable of judging, and confirming or condemning them. Attempts to advance therapeutic science should be accompanied by a thorough investigation of facts, a knowledge of what had already been done in the case, and an accurate and well-trained discrimination.

One expression, long used and familiar among those who employ metaphorical and poetical language in a science above all others calling for precision, has derived an increased importance from being made the basis of a theory. When used indiscriminately among a crowd of other indefinite expressions, the term "supporting nature," meaning by stimulants and food, has always appeared to the mind of the present reviewer to be of a mischievous character; but how much more important does it become when made the basis of a body of doctrine, attempting to revolutionize the whole practice of medicine, and create a reputation for a new teacher!

How can we support Nature by stimulants and food? Nature is almighty, and admits of no support. She is the will of God; meaning that part of it which accords with what we call fixed laws in the material world. The same Nature which makes one part inflame, compels another to turn pale, or to become gangrenous. The same authority that bids one patient recover, enjoins it on another to die. Although it be the powers of Nature that make one stomach react upon the application of a fitting medicament, impulsions emanating from the same source and subject to the same control will, at another time, decompose the organ under our treatment, and convert its substance into a variety of chemical bodies, to be scattered among adjacent masses and enter into various combinations; some to become part of diversified vegetable and animal structures, others to be added to the amount of the atmosphere and the soil.

When we apply stimulants and food to a stomach, if the powers of Nature in the part be inadequate to the effection of our purpose, we shall fail in it. If these powers possess adequate activity and adaptation, we shall cause the stomach to digest more rapidly, and sometimes, from errors in our judgment, or from necessity, in a more imperfect manner. When we supply food, we furnish materials for this purpose; a part of which may be absorbed and used as blood. Yet, in all this, at last, we have only employed certain powers of nature in a part of the animal body; and whether the increase of their activity and the supply of materials will benefit the rest of the organization, is a question to be answered, exactly like all others in the vapeutics, by examination of the facts. This teaches us, and, under the circumstances described above, it becomes a part of the common sense of the profession, that the result is very various. Sometimes the functions of the brain are strengthened; sometimes they are weakened; and the same is the case with muscles, heart, arteries, nerves, lungs, &c. In other words,

there is nothing special or universal in the supplying of food and the action of stimulants, and their effects must be determined like any other medical facts. Neither muscles, brain, nor heart are "the system;" nor are their powers more the powers of nature than those of any other parts. Exciting them to undue action is so far from strengthening the vigor of the whole frame, and increasing its power of recovering from disease, that it only deranges, and frequently diminishes, what it was meant to increase. We do not here mean to intimate that it is not frequently profitable to increase the activity of the stomach, heart, and capillaries, and to supply more food; but that there is nothing in these measures released from the government of ordinary rules, or, in fact, any *safer* than in any other prudent treatment. It is our privilege and our duty to study those powers of nature which relate to human life; and to present to those of them which can be made to prolong it and free it from a portion of its sufferings, such means of bringing these into action as are in our power. To personify Nature as favoring us more than this, and as a being capable of support from our interference, is, in reality, a superstition; and we err as well as sin in ascribing to her the attributes of the heathen pantheon. We think her a bad choice; and would prefer Minerva, Juno, or Hygieia.

Many of our most violent detorsions of language seem to be owing to terror in the physician; in which case it is an inexpressible comfort to find a shelter in an obscure and indefinite rationale; which hides all doubts from the attention—the next most soothing thing to removing them—and throws the responsibility on a goddess who is to be propitiated with whisky and beef tea.

We do not understand an erysipelas that runs through the nasal and bronchial cavities, with little or no appearance on the skin. We inquired of one of our highest authorities, profound and skilful in modern diagnosis, with regard to a case submitted to his inspection. It exhibited an external inflammation for about an inch around the nose; and the internal affection was ascertained not to be diphtheria; but adherent matter, swelling, and redness were very visible on inspecting the pharynx, &c. Why should this schneideritis, pharyngitis, and bronchitis be called by the name of erysipelas, which is defined to be a disease of the skin? A disease of the skin, *not* of the skin!

We confess to a strong presumption that most of these rapidly mortal cases have been instances of diphtheria. It is well known that this disease does not always conspicuously affect the larynx with croup; and do we possess any other idea of a disease, except this forced and imaginary extension of the term erysipelas to the pharynx, &c., capable of explaining the rapid progress and mortality of those well-known cases? And is it quite certain that none of the instances popularly cited were really accompanied with croup? The present reviewer doubts this for the Philadelphia cases. Omne ignotum pro magnifico. Erysipelas running down the throat is wonderful enough to explain wonderful results, even the wonders of diphtheria.

A partial apology for the extent to which Dr. Todd recommends the employment of stimulants in inflammatory disease, may be derived from the very general habituation of the great mass of the English people to the use of fermented or distilled drinks; which is carried, we believe, much further than the similar practice in the United States. So much is this the case that such potations at meals seem to be considered as a matter of course; "drink," with very respectable writers, appearing to imply drink of that description.

In chronic rheumatism, not syphilitic, many American physicians make use of a mercurial treatment; and many of them allege that it is, in their hands, the means of recovering more cases otherwise incurable than by any other drug. Yet we never learned from them that it was necessary to produce ptyalism, loose teeth, ulcerated gums, &c. The present writer has a peculiarly large experience on this point. The slightest possible affection of the mouth was the rule; the faintest decidedly metallic taste, the slightest discoloration and swelling of a spot on the gums, the faintest evident vitiation of the breath, was sufficient for a sudden amendment; and the recovery was less rapid if a stronger impression was made. To obtain this effect, use was generally made of corrosive sublimate, and continued care enjoined as to warmth and dryness.

The action of cinchona and quinia is *not* the "opposite" of the effect of bleeding. The one does certainly, in general, lower the volume and force of a pulse. (It is well known that it sometimes increases them, as in Rush's depressed pulse.) To a very limited extent, the other treatment does maintain, and possibly a little increase them; but, in every other respect, these two remedies cross each other, diverge,

and sometimes co-operate in their effects, without the faintest limitation to opposition. Dr. Benjamin Rush did indeed call the pulse the "nosometer" of the system, meaning probably the heart and arteries; but the pulse is certainly no measure of the activity and force of the brain, spinal marrow, muscles, or stomach, nor even, taken alone, an adequate one of the heart itself.

We fear, on the other hand, a disastrous influence of the opinions of Dr. Todd, in increasing that vice, so common among the self-mistrustful minds of our profession, of making patients stupid with alcohol and opium, the moment the case appears not likely to terminate favorably; obscuring all the symptoms, giving the physician a competent excuse for not studying them, and vaguely affecting to throw the responsibility on Nature; while, at the same time, the attendant family are profoundly convinced that he is doing all he can to "support the system" and "hold the patient up."

Brought forward, as these teachings are, in the character of inferences from an advanced state of science, they are not supported by the belief of the time in the region where the most rapid advances are made, the continent of Europe. We had intended to make some citations to prove this, and had volumes of Virchow and Frerichs at hand for the purpose; but a moment's inspection showed the utter incongruity of the researches of these writers with any such opinions, and the needlessness of specifying.

B. H. C.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Saturday, Jan. 5th, 1861.

Medical Clinic Service of Dr. Gerhard.

ANEURISM OF THE AORTA.

This is in a Frenchman, 34 years of age, of healthy parentage, who was in excellent health until about eighteen months ago, when, while working in California, he began to be troubled with pain about his heart, whenever compelled to use any more than an ordinary amount of exertion. This condition continued for about a year, until last August, (1860,) when he became conscious of the existence of a tumor on his left side over the region of the heart; and it appeared to grow quite rapidly for two months, but has not increased since in as great proportion.

The man, as he lies perfectly quiet on his bed, does not present any evidence of local mischief; there is, however, great pallor of his countenance, and a strong dilatation of the nostrils, showing that there exists a certain degree of impediment to the act of respiration. The skin is moderately warm; the pulse is feeble on the left side, but much more so at the radial of the right wrist, which pulsates very feebly indeed. The pulsation of the carotid artery on the left side is also very feeble; but the pulsation at the region of the subclavian artery, on the same side, is pretty well developed. On the right side the pulsation is still more feeble in the course of the carotid, scarcely felt: below, there is an indistinct circulation through the subclavian, connected with a feeble circulation throughout the whole limb on that side.

Examination of the Chest.—On the right side there is no apparent alteration in conformation. On the left side there is a tumor, extending from the lower part of the second rib down to the fifth rib, and from the sternum to a little beyond the nipple; the tumor, therefore, having a breadth of nearly five inches, and a height of four inches.

There is a strong pulsation felt, on placing the hand upon the tumor, which seems to rise up and throb against the fingers.

Percussion on the right side elicits a clear sound; on the left side the sound is moderately clear under the clavicle, but over the tumor it becomes at once flat.

Auscultation over the tumor reveals an intense thrill, coincident with the act of systole. There is also heard a bellows murmur, not precisely similar to that often heard at the heart, the sound being single; but beyond the level of the tumor the double sound is heard. The systolic sound is obscured by the other sounds.

The diagnosis, therefore, is that it is a tumor under the heart; and it is in all probability a tumor connected with aneurism of the aorta. This is inferred more particularly from the peculiar, strong impulsion given to the hand, placed over the tumor, and also to the ear, and the peculiar sound caused by the passage of the blood through the tumor.

These signs, however, are not invariably caused by an aneurismal dilatation; for the same signs would occur from a tumor pressing on the aorta outside of it, which would necessarily compress the current of blood passing through that vessel. In either case the physical conditions are almost precisely the same.

There is also present in this case disease of the lungs, which always occurs in cases of aneurisms of the aorta after they have reached a certain stage. This disease is connected with inflammation of the bronchial mucous membrane, which is known by the existence of a frequent cough and an abundant expectoration of a whitish liquid mass.

Treatment.—It is perfect folly to attempt to cure a case of aneurism of the aorta of this nature, though there are men who have bled and done various things under the egotistical idea that no disease ought to baffle their skill.

The only treatment is a palliative one, and the main and most important feature is *perfect rest*, which must be insisted on; and it is best in these cases to warn the patients that their lives depend upon rigid obedience to this injunction.

The diet should be good, but of a mild, unstimulating character, just sufficient to keep up the strength of the patient. His bowels should be kept regular, if necessary, administering an occasional gentle laxative; and whenever required, a certain amount of opium is to be administered, the quantity of which and frequency of repetition will depend on the circumstances of the case.

Whenever the bronchitis becomes severe, a little counter-irritation may be applied over the chest.

WILLS HOSPITAL.

Service of Dr. Hewson.

Reported by H. Earnest Goodman, M. D., Resident Physician.

A summary of the cases treated during Dr. Hewson's quarterly term, ending January 1, 1861.

Number of Cases of Diseases of the Lids and Lachrymal Apparatus, 128.

Granular lids,	38
Tarsal ophthalmia,	35
Entropion,	9
Ectropion,	2
Trichiasis,	5
Ptosis,	1
Cystic tumor of lids,	4
Hordeolum,	4
Wounds of lid,	1
Obstruction of lachrymal duct,	19
Lachrymal fistula,	8
Dacryocystitis,	2

Number of Cases of Diseases of Conjunctiva, 138.

Conjunctivitis, acute,	10
" chronic,	19
" traumatic,	2
" intermittent,	1
Ophthalmia, purulent,	7
" pustular,	16
" strumous,	24
" catarrhal,	22
" gonorrhœal,	3
" neonatorum,	3
Granular conjunctiva and staphyloma,	2
" " " vasc. cornea,	11
" " " opacity of cornea,	17
Pterygium,	3

Number of Cases of Diseases of the Cornea, 98.

Corneitis,	8
Opacity of cornea,	46
Vascular "	3
Ulcer of "	13
Sloughing of "	1
Pustular corneitis,	2
Opacity of cornea and staphyloma,	4
Foreign body in cornea,	13
Burn of cornea,	1
Wound of "	2
Deposit of lead on cornea,	4

Number of Cases of Disease of Lens, Iris, Coats, Retina, Eyeball, &c., 168.

Cataract, single,	13
" double,	26
" traumatic,	4
" congenital,	1
" false,	7
Iritis,	16
" with adhesion of pupil and pustule,	5
" and ulcer of cornea,	2
" syphilitic,	2
Wound of iris,	2
Occlusion of pupil,	2
Staphyloma of iris, with ulcer of cornea,	2
Amaurosis,	24
Amblyopia,	8
Glaucoma,	4
Staphyloma,	5
Hypopion,	7
Strabismus,	21
Congestion of retina,	3
Dropsy of eyeball,	4
Inflammation of eyeball,	4
Atrophy of eyeball,	1

Number of Cases of other Diseases, 20.

Otorrhœa,	6
Foreign bodies in ear,	4
Hip-joint disease,	2
Necrosis,	1
Cystic tumors of scalp,	2
Caries,	1
Porrigo,	2
Paronychia,	2

306 of the whole number (547) applied for relief for the first time.

Surgical Operations Performed by Dr. Hewson during the quarter ending January 1, 1861.

For cataract,	30
Anterior operation for absorption,	6
Posterior " "	15
Anterior " " and corelysis,	1
Extraction,	7
Extraction of false cataract, (by Dr. Morton,)	1
Iridectomy,	2
Operations for entropion, (Streatfeild's,)	7
" strabismus,	15

Extirpation of eyeball,	3
Operation for lachrymal fistula,	9
Dilatation of lachrymal duct,	47
Cystic tumors removed from eyelid,	3
" " " " scalp,	2
Calculi removed from eyelid,	2
Foreign bodies removed from cornea,	11
Operations for pterygium,	2
Minor operations,	8
Total,	141

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Dr. Pepper.

Saturday, January 5th, 1861.

ACUTE RENAL DROPSY—ALBUMINURIA.

This is in an adult male, coming on after exposure to cold. The dropsical effusion began in the face, then appeared on the back of the hands, afterwards in the whole areolar tissue of the body, and ultimately the serous cavities have become involved. There is, as yet, no effusion into the abdominal cavity itself, though it is evidently infiltrated in the parietes of the abdomen.

We know that the case is not one of cardiac dropsy, because the effusion did not begin at the feet and gradually extend upward. The case is one of albuminuria, dependent on congestion of the kidneys. The man is an habitual drunkard. This is often a cause of disease of the liver; but there is not probably any cirrhosis in the present case, nor any contraction of the organ; there is, however, a certain amount of enlargement of the organ, which, very probably, will end in cirrhosis.

The patient does not urinate as copiously as has been his wont, though he passes water, perhaps, more frequently. Testing the urine by heat, it is found to contain a large amount of albumen, which shows the case to be acute renal dropsy. The addition of nitric acid to the heated urine increases the deposit to about two-thirds of the whole bulk. The sp. gr. is, of course, low.

This is, therefore, a case of acute congestion of the kidneys, associated most probably with an enlargement of the liver, in a man of intemperate habits; and a sudden increase in the pathological condition from exposure to cold.

It is not a very promising case. If it occurred in a healthy individual, there would be a reasonable hope for a favorable result from judicious treatment, by the use of the warm bath, fomentations, rubefacients, and, at the same time, elimination by the skin and alimentary canal, so as to aid the kidneys in performing their function. The dropsical condition can generally, in favorable cases, be removed by the use of Rochelle salts, with cream of tartar, so as to keep up free secretion from the mucous membrane of the alimentary canal, as also secretion by the skin.

The present patient being an intemperate person, we must be cautious with regard to treatment, calculated to depress the powers of life.

Treatment.—The treatment will consist in the application of two cut cups and two dry cups to each side of the spine in the lumbar region; in the employment of hot applications by means of poultices, and warm baths at night, with 10 *grs. of Dover's powder*. As a diuretic, the *nitrate of potash* in 5 gr. doses, given in a tablespoonful of water every three hours during the day. If there is constipation, he will be given small portions of Rochelle salts, ʒij every morning, in half a tumblerful of water, which measures are relied upon to reduce the congestion of the kidneys and remove the serous effusion.

CHOREA.

This is a well-marked case of *chorea* or *St Vitus' dance*, in a boy, nine years of age. He had an attack of the same disease about this time last year, but got better. It returned some four weeks ago, and has been much worse during the past week, rendering him scarcely able to feed, and totally unable to dress himself. He sleeps quietly, however, but cannot keep still when awake. There is an inordinate action of the heart, and a bellows sound very evident.

His mother has no remembrance of his ever having had an attack of rheumatism.

There is increased dulness in the cardiac region, and some prominence at that point. There is tenderness of the spine between the shoulders, a little higher up than the locality of the heart.

When the boy's attention is fixed for a moment on anything, he appears to have more or less control over his motions, but the moment his attention is drawn off, the involuntary contractions begin again.

The tongue is shot out with great rapidity. His bowels are regular in their action, and his appetite is good; but he has some difficulty in swallowing, rendering it necessary to moisten his bread.

The cause is not very clear. One very common cause of chorea is certainly rheumatism of the spinal membrane. The worst case of the kind Dr. Pepper ever saw, was in a boy suffering with acute articular rheumatism, which suddenly seized the spinal membrane, and violent chorea set in; he also had endo-pericarditis as manifested by the physical and rational signs.

In the present case, there is evidently some slight hypertrophy of the heart, with disease of the mitral valves as indicated by the bellows sound, slight prominence in the cardiac region, and dulness on percussion. This condition is pro-

bably rheumatic in its origin, notwithstanding the mother's contrary assertion, for rheumatism may sometimes affect the spinal membranes and the membranes of the heart only, without attacking the articulations, which has probably been the case in the present instance.

The mere bellows sound might occur from anæmia, for in cases of chorea, where there is general anæmic condition, there will often be a bellows sound. This must not be confounded with the bellows sound dependent on valvular disease of the heart. Where there is this irregular action of the spinal muscles, the same irritation may be sometimes extended to the columnæ carneæ of the heart, spasmodic action of the chordæ tendineæ, which keep the valves in position, may result, and regurgitation and the bellows murmur depend on want of proper closure of the valves, owing to spasmodic affection of the heart itself.

It might be supposed that the intermittent nature of this case should not presuppose a rheumatic origin. If, in the first instance, it was owing to an organic disease, why should it have ceased? Probably, at that time, he had a rheumatic affection; not sufficient, however, to produce organic affection of the heart; but since that time the organic disease of the heart has been produced in consequence of the results of that rheumatic affection.

Treatment.—A teaspoonful of the milk of asafœtida three times a day. Some stimulating liniment is to be applied over the spine, at the point of tenderness; and if this does not relieve the pain, a small belladonna plaster is to be applied there. He is also to take internally, as a sedative and slight tonic, the cimicifuga racemosa, or black snakeroot, in decoction; half an ounce of the root being put into a pint of water, which is then to be boiled down to half a pint, of which the dose will be a small wineglassful before meals.

He has already been taking asafœtida about a week, which, as yet, has had no effect in mitigating his suffering.

PHTHISIS, WITH EMPHYSEMA OF THE LUNGS, AND ABSENCE OF THE PHYSICAL SIGNS OF TUBERCLES.

This is in a young man, twenty-one years of age. He has not the appearance of a man fully developed, being rather diminutive in stature, and of anæmic appearance. He is a cooper. His mother died of consumption, but his father and the rest of his family have no tuberculous tendency. Probably, however, the diathesis exists. He has had cough for more than a year, but has never spit blood. He expectorates a yellowish or whitish green mucus; sometimes as much as a teaspoonful in the course of the day, or more. He has lost a good deal of flesh, has night sweats, and suffers from dyspnæa.

Percussion reveals no marked dulness in any part of the chest; on the contrary, there is an unusual resonance, and, under the clavicle, the sound is almost tympanitic, yielding the same sound that is produced by tapping on the cheek when it is distended with air, especially on the right side; there is some feebleness of respiration.

Ordinarily, in cases of tuberculous deposits, there is dulness on percussion, and frequently bronchial respiration; but there is nothing of the kind in the present case. The sounds elicited are the usual physical signs of emphysema, or dilatation of the air-cells, but the history of the case leads to the belief in the existence of disseminated tubercles. Thus, there is protracted cough; loss of strength and flesh; copious expectoration; night sweats; hereditary tendency, etc.; all of which go to show that there is something more the matter than the mere emphysema. There is, associated with the disseminated tubercles, an emphysematous impression, perhaps pressure, throwing the circulation into the lateral branches dilating the air-cells.

Louis used to teach that tubercles did not coexist with emphysema; but we have sufficient evidence that the two do sometimes occur together, as in the present instance.*

The vital capacity of the patient, tested by the spirometer, gives but 78 inches, but he evidently fails to take a sufficiently deep inspiration. The emphysema would necessarily more or less impair the vital capacity, diminishing the number of cubic inches of air that the patient could expel from his chest, but certainly not to the same extent as would result from the presence of tubercles.

Treatment.—The patient has been put on the use of cod liver oil, in doses of a tablespoonful three times a day; and he also takes three times a day 5 grs. of Vallet's mass—carbonate of iron.

For the cough, he has been prescribed—

Morph. Sulph.,	gr. j.
Tr. Hyoscyami,	f. ℥ j.
Aquæ,	f. ℥ ij.
Syrup. Tolu. vel Prun. Virginian.	f. ℥ j.

Dose, a teaspoonful every two or three hours, as required, continuing the iron and cod liver oil.

CHRONIC CAPILLARY BRONCHITIS.

This is in an adult male. He complains of "something like a rheumatism," and pain in the chest. He worked in a damp cellar for some four years, up to a period of within fifteen months, when his cough began compelling him to change his employment to weaving, but for several months he has been idle, more from

* For a similar case see Report of Prof. Pepper's Clinic in Reporter of Dec. 8, p. 251.

difficulty of obtaining employment than from physical inability to work.

Every morning when he coughs, he expectorates about a teaspoonful of matter, and often white lumps come away, but he has not much expectoration during the day. His general health has become impaired, his appetite is less, and several times, within the past twelvemonth, he has been compelled to suspend his work.

He has not the general appearance that would lead to the expectation of tuberculosis. There is no tendency to it in his family. He has no hectic fever, no emaciation, and never had hæmoptisis.

The pains in the chest, therefore, are probably the effects of the constant concussion produced by his chronic cough.

It is a case of capillary bronchitis; the râles are confined chiefly to the lower part of the lung behind. There are no loud, sonorous, or sibilant râles; but the sound is a fine crepitation, not such as is found in pneumonia, but what would be called sub-crepitant.

There is, with this condition, no dulness on percussion, or any other indication of solidification of the lung.

It is nothing, then, but a case of chronic bronchial irritation in the lower part of the lung, no doubt contracted while the patient was working in the damp cellar; and his subsequent occupation was not calculated to improve his condition. Weavers are constantly inhaling a close atmosphere, filled with fine woolen materials; and this class of men are especially prone to chronic bronchitis, or consumption, according to the peculiar diathesis of the individual.

Treatment.—This will consist in decided counter-irritation, over the region of both lungs, by means of Croton oil, one part to two or three of olive oil, which is to be well rubbed in, carefully, over the lower part of both lungs behind, cautioning against carrying his hands to his face while using the liniment. This counter-irritation is to be continued from time to time, as required. He is to use an expectorant mixture containing some anodyne:—

Syrupi senegæ,	
" ipecac.,	āā fʒss.
" scillæ,	
Morph. sulph.,	- gr j.
Aquæ, - -	fʒjss.

The dose being a teaspoonful every three hours, and, if that amount nauseates him, the quantity is to be diminished.

TAPE-WORM.

This is in a girl, 12 years old, and it is not an uncommon affection. She exhibits many hundred pieces of tape-worm passed from her, which have been collected during the past three months. These links are very small, tapering down to almost one-eighth inch, and the larger portion of the worm has probably been passed; but, as she continues to void links from time to time, the head of the animal must still remain in the intestinal canal. She has never passed many feet at a time, as is sometimes the case in these affections, but only little by little, and she discovered the nature of her affection by these things coming away from her while walking, which is the usual history of such cases.

She has had this disease about a year, previous to which she was in good health; her nutrition has become impaired, though her appetite remains good, but more or less capricious; she sleeps well at night. She has a tingling, stinging sensation in her abdomen, but it never pains her much; sometimes her abdomen swells up.

By the advice of a physician, she has taken turpentine in castor-oil, but not with any sensible benefit, nor did the medicine seem to increase the number of links discharged. There are no peculiar symptoms characteristic of her complaint, and the only means of confident diagnosis is the discharge of the links of the worm.

She having tried no treatment but the turpentine, which proved unsuccessful, it will not be repeated, though it is a most valuable agent. She will be put on the use of the pumpkin seed, putting two ounces of the bruised seed into half a tumbler of water, and taking the pumpkin seed and water thus mingled three times every day, morning, noon, and evening, while fasting.

CHRONIC LARYNGITIS WITH SOME APHONIA CONSEQUENT UPON TUBERCULOSIS.

The patient is an adult male, 27 years of age, and a weaver by trade. His family are not of the tuberculous diathesis.

Until some two months ago, he was in excellent health, and at that time commenced the sore throat of which he now complains, and his hoarseness has continued some six weeks.

He says that, about two years ago, he spit up a tablespoonful of blood, and has had a little cough ever since, which he did not think much of. He now spits in the morning a white substance, and his health has become so much impaired as to compel him to give up work. He has never had fever, sweats a good deal at night, and feels weak.

On examining his throat, the parts look healthy as far as the eye can penetrate, but the epiglottis cannot be brought into view. Evidently the disease is in the larynx, and has not originated in the tonsils or in the velum, but in the fauces.

Tuberculous disease is the most common

cause of chronic laryngitis, and this fact, coupled with the existence of a little cough for two years, after a slight hemorrhage, would go to confirm the diagnosis as being a case of tuberculosis.

The physical signs are not very marked, but as far as they go they tend to the same view. *Percussion* under both clavicles is very fair; on the right side the respiration is prolonged, and when he coughs, a marked gurgling sound is produced, which of itself would be sufficient to excite suspicion. At the lower part of the same lung and behind, there is a blowing respiration. There is, therefore, more or less tuberculosis, and this affection of the larynx is probably tuberculous.

Treatment.—Under these circumstances, the treatment will be that for phthisis. The general strength of the patient is to be invigorated by tonics and the most nutritious food.

The weather is not mild enough for him to occupy himself in any employment, or he would be recommended to seek some light out-door work.

He is to take five grains of Vallet's carbonate of iron, with a tablespoonful of the cod-liver oil after each meal. The outside of the throat presents evidence of some irritant application, probably Croton oil; but the iron and the cod-liver oil will include all the treatment for the present.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

DECEMBER MEETING.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

HEART DISEASE.

Dr. CORSE exhibited a specimen of heart disease, there being hypertrophy and dilatation with great valvular disorder. Both the mitral and aortic valves were thickened, and the latter presented evidences of cartilaginous degeneration, causing distension of the aorta. The mitral was much thickened and adhesions were numerous, thus reducing the size of the opening. This was a remarkable case, as the patient had existed with this affection for twenty years, the disorder having been diagnosed at that time, and hygienic and medical treatment instituted. The patient, who was 57 years of age, was mother of one child, an adult, and perfectly healthy; had long lead a sedentary life. There had been no endocarditis, yet there were adherent clots, with a number of shreds of fibrin. Perhaps these were entirely post-mortem, showing that the blood was very prone to coagulate. The death occurred very suddenly. No rheumatic diathesis was regarded as being connected with the case.

HEART CLOT—REPORT OF COMMITTEE.

Dr. WOODWARD would respectfully report to the County Medical Society that, as requested by the Society, he has carefully examined, microscopically, the specimen of *heart clot* exhibited by Dr. Thomas at the last meeting. His observations were made the same evening on his return home, in order that the clot might be as fresh as possible. The following results were obtained:

The large, ramifying clot was composed, throughout, of tough, well-fibrillated fibrin, in the meshes of which were entangled, as is usual, a considerable number of white, and some few red blood corpuscles. The portions of the auricle of the heart and of the papillary muscles of the ventricle, attached to the clot, were carefully investigated. By these investigations the *normal* character of the epithelial and fibrous layers of the endocardium, and of the subjacent muscular tissue, were abundantly established. The idea of an endocarditis, standing in casual relation to the *heart clot*, is at once excluded by these anatomical conditions.

The so-called adhesions, spoken of as existing, in this case, between the clot and the endocardium, were carefully examined. So far as the specimen submitted to him goes, they had no existence, the *appearance* of adhesions being due to an interlacing of the fibrin with the tendinous and muscular columns of the cardiac parietes.

To the above account of the anatomical conditions present in this clot, he begs leave to append the following remarks:

First. Clots as large, as free from color, as thoroughly ramified, and composed of fibrin, quite as well coagulated, though not common, are, in his experience, far from being exceedingly rare, and may be met with in the most diverse morbid conditions.

Second. The presence of such a heart clot is not so much as *prima facie* evidence of the pre-existence of endocarditis; for just such clots may exist without it, or endocarditis without the clots. Even *Rokitansky*, whose elaborate account of heart clots is thoroughly tinctured with many of the errors prevailing in pathology, fifteen years ago, (his "Handbuch" was published 1842–46,) although he still clings to the doctrine that the products of the inflammations of the endocardium, and of the lining membrane of the vessels are effused, or poured out into their cavity, is obliged, by the simple facts of the case, to write, (p. 165, vol. 4, Philadelphia edition,) "These coagula cannot, in themselves, be regarded as symptoms of endocarditis, where other essential evidences of the presence of this disease are wanting; and even where the

latter are present they cannot be considered as affording any direct proof of the existence of the endocarditic process."

Thirdly. The writer can in no wise admit the possibility, suggested during the discussion of this case, that this, or any similar clot, could be formed, completely or in part, by a diphtheritic or other lymph product, occurring as an exudation from an inflamed endocardium into the cardiac cavities. He is perfectly aware of the views on this subject entertained by writers up to a comparatively recent period. The similarity of the lining membrane of the heart and vessels with other epithelial surfaces, and especially with the serus membrane is considerable, and as the serus membranes readily produce upon their surface, during inflammation, lymph masses of all characters, or even pus, the same has been too readily presumed for the lining membrane of the heart and vessels. Concerning this matter many investigations have recently been made, and, among others, by Prof. Virchow, who after a deliberate review of the labor of others and of himself, has arrived at the conclusion* that it has never yet occurred to any investigator, who carefully discriminated the coagula of the blood itself from the supposed exudation, to satisfy himself in a single case of the existence of an exudate poured out into the lumen of the vessel or the cavity of the heart. The supposed lymph products, or even purulent exudations in cases of phlebitis, being now known to be degenerating blood coagula.

Rokitansky, whose eye but little has escaped, was perfectly aware of the impossibility of practically demonstrating these endogenous exudations; for while theoretical considerations compelled him to admit their existence, he is found attempting to account for the impossibility of observing them by supposing the exudation to be washed away into the general torrent of the circulation as fast as effused. The lymph products in endocarditis, and other inflammations of vascular lining membranes, are to be found not on the free surface, but primarily in the SUBSTANCE of the membrane involved, which, in consequence, becomes thickened, and loses its translucency, and may even ulcerate, and then determine by the action of the roughened surface upon the blood-stream a coagulation to a more or less limited extent of the blood or of its fibrin only, as happens, especially where the process effects the cardiac valves.

Lastly. A few remarks may be made upon the probable time at which the coagulation of the blood fibrin took place in this particular case. There can be no doubt, at the present day, that intra-vascular coagulation, more or less complete of the blood fibrin, entangling many or few of the red corpuscles, may take place during life. The recent investigations of Virchow and others, concerning this subject, have put it beyond the possibility of a doubt. These clots may persist in the body, within the vessels, *even* within the heart, entangled among its columnæ carneæ until central degeneration may begin, and they may be mistaken, as they have been, for abscesses of the heart, and for suppuration of the veins. It is also indisputably true, that during the act of dying coagula may form, during the last few hours or minutes of life, *death polypi*, as they have been called, consisting either of fibrin, entangling the usual quantum of red corpuscles, or washed of these during its formation, till the clot may be reddish, reddish yellow, yellowish green, whitish yellow, or whitish, or shading gradually from the blackish crimson of the cruor, on one part, to the lighest of these shades in another.

If now we attempt to determine to which of these two categories the coagulum in question belongs, it appears to the writer that it must be confessed that the evidence that this clot was formed any considerable time before death is of the slenderest possible character. The whole evidence, in fact, would appear to turn upon the supposed time that it would require to form such a clot, for it is presumed by the writer that the mere fact of the patients being suddenly depressed without tangible cause cannot be taken as *prima facie* evidence of the existence of a heart clot, since the same may, undoubtedly, occur where no clot is found after death.

With regard, then, to the time, a very much larger *quantity* of fibrin than existed in this case can be separated from fresh blood by whipping with twigs in two or three minutes; and although the fibrin, when first thus separated, is not distinctly fibrillated under the microscope, yet it will become so by lying on the laboratory table half the time that transpired between the removal of this clot from the body and its examination by the microscope, as may be illustrated by the following example. In tapping a hydrocele, a few drops of blood fell into the liquid; removed, in a few minutes, a jelly-like coagulum had formed. Examined with the microscope, it presented a homogeneous or dimly granular mass, in which no fibrillization was discernible even with oblique light, but in which a few blood corpuscles were imbedded. Two or three hours later obscure fibrillization appeared, and the next morning when the clot, which still floated in the hydrocele serum, was observed, it was as well coagulated as in the specimen we have discussed. It will, therefore, be understood at once that the distinctness of the fibrillization of the heart clot, under discussion, affords no possible proof that its formation preceded death by any considerable time.

Subject for Discussion:

THE DIFFERENTIAL DIAGNOSIS OF OVARIAN TUMORS.

Dr. Washington L. Atlee, in renewing this subject from the point of dismission last winter, referred to his last paper, and briefly ran over the heads which he had laid down as the order

* Cellular Pathology, 2d German edition, p. 184.

of his remarks. *Peritoneal cysts* he had specially mentioned as a new thing, not before introduced to the notice of the profession, and hence he desired more particularly to invite the attention of the profession to that subject. The character of the fluid alone it was, by which they were distinguished from other cysts. This was like spring water, faintly opalescent, but perfectly transparent, without coagulation by heat or nitric acid; hence, no albumen was present. Again, when in ovarian dropsy, the cyst had been emptied, the walls could be felt by grasping the abdominal parietes deeply, and, on rubbing them between the thumb and fingers, the walls of the cyst could be felt receding; and, also, ridges could generally be felt, and often seen. But, in peritoneal cysts, no walls could be detected, nor were there any deposits.

Secondly, after tapping, in ovarian dropsy, the walls of the abdomen seldom sunk below the level, but in the peritoneal form, the incurvation was extreme.

Thirdly, in ovarian cyst, filling up rapidly occurs, in spite of all medical treatment; but in peritoneal, medicine cures the disease.

Cystic tumor of the abdomen had also been spoken of on a former occasion, and under this head he would now proceed. He would, in this connection, relate a case which had been regarded as connected with the kidneys, and also on account of its resemblance to multilocular ovarian tumor. As it was a man, this latter mistake could not have been made.

Mr. J. Y., æt. 60–70 years. Robust and generally healthy. Had one or more attacks of cramp, which were speedily relieved; but with the last, there seems to have occurred some derangement of the kidneys, as casts of the tubes were detected in his urine. He was given quinia for an intermittent which next occurred, and great improvement resulted. Again, an attack came on at intervals of three or four days, followed by vomiting of bile, which seemed each time to relieve him. There was a great fullness of the right side, about three inches to the right of the umbilicus, and above it. The prominence was smooth, yielding, flat on percussion, and fluctuating, about the size of a fœtal head, and immovable. The diagnosis was, that the tumor pressed on the gall ducts, causing engorgement of the gall bladder, and hence the vomiting, and the relief obtained by the ejection of the bile. He rapidly emaciated, the tumor became larger, and others appeared, until the outlines of six cysts could be made out. There was evidently one tumor divided into chambers by septa. By the rapid growth of the tumor, and the decline of the health of the patient, it was believed to be malignant, probably colloid. Dr. Pancoast was met in consultation, but no improvement took place. After a few months, the tumor began to diminish, and the urine to increase. The discharge was of a bloody, dirty brown, with much sediment. The natural inference was, that it was a cyst of the kidneys, and was discharging through the bladder. Death occurred after a few months.

The fluid, as examined by Dr. Drysdale, had a specific gravity of 1020, on alkaline reaction, and contained cholesterine blood cells, granular cells, oil globules, etc. Containing these granular cells caused it strongly to resemble ovarian fluid. Though this was a rare case, yet as the same might occur in a female, it would undoubtedly be mistaken for an ovarian tumor. The early history alone would give the diagnosis. It originated high up, and not where an ovarian tumor would. The seat of greatest suffering was also out of place. The functional derangement was confined to the upper portion of the abdominal cavity. It was also immovable.

Of the several forms of cystic tumors of the abdomen, apart from the peritoneal cyst, already referred to, there is none that will puzzle the surgeon more than that which arises from the body of the uterus itself. Unlike cysts of the liver and of the kidney, its location corresponds with that of the ovarian cyst. Dr. Atlee is of opinion that the first condition of the disease is a solid fibrous tumor, which softens and liquifies, and whose peritoneal coat becomes the cyst wall, and a fluctuating mass, resembling a unilocular ovarian cyst.

When such a case has not been watched from the beginning, it is impossible to make the diagnosis perfectly, without tapping, and examining the fluid. Dr. A. then related a case in illustration.

Mrs. F. K., aged 36 years, when first examined, had a pedunculated fibrous tumor, as large as the uterus at the seventh month, arising from the fundus uteri. This hard tumor softened and became a fluctuating cyst, and was tapped. About six pints of fluid were withdrawn from two separate divisions in the cyst, after which the remains of the fibrous mass could be felt. This subsequently liquified, and tapping was repeatedly resorted to, with frequent injections of iodine. The whole tumor and cyst disappeared, but the patient became cachectic and died. An autopsy showed a muscular and fibrous pedicle at the fundus of the uterus, attached to which was a shriveled up peritoneal cyst. The uterus and ovaries were healthy.

Another would further show the difficulties as mentioned.

Mrs. A. S., æt. 42, underwent the operation of ovariotomy, and during the operation it was found that both ovaries were healthy, but that the cyst, consisting of thickened peritoneum, originated from the fundus uteri, and had a pedicle resembling that of a fibrous tumor. The fluid in many of its characteristics resembled ovarian fluid.

A specimen of the fluid was placed in the hands of Dr. Drysdale for microscopic exami-

nation, without informing him of the peculiarities of the case, and he correctly stated that it was *not ovarian*.

These cases show the great value of the microscope in detecting whether the case is ovarian or not.

In addition, we have another and rare form, a cyst formed of the uterine walls, as in the following case:

Mrs. E. A. B., aged 36 years; diagnosed ovarian dropsy. Tapping was performed, and twenty pints of a yellow fluid were very slowly drawn off, gelatinizing spontaneously, nor was the abdomen emptied, as the fluid was too thick to flow. This proved the tumor not to be ovarian. The patient improved very much, but next day imprudently partook largely of ice cream, ice water, etc., and died of cholera morbus. On examination, a cyst of the abdomen was found, originating from the posterior walls of the uterus, without any pedicle. It was filled with organized fibrin and fluid. This shows the immense importance of paracenteis as an aid in diagnosis.

Had the operation here been attempted the moment the nature of the tumor was seen, the uterus, which was elevated in the abdomen, and its fundus inverted, could have been replaced, an opening made through the walls of the vagina, a trocar passed, and thus the cyst emptied, and kept so by a tube in the vagina. All the fluid would have disappeared as the tumor softened. Or, a perforation could have been made through the posterior wall of the vagina with the same results, and thus no peritonitis be produced. Whenever the uterus is elevated, with an immovable tumor in the pelvis, we take it as granted that the pelvic part of the tumor has been developed beneath the peritoneal cavity and elevated the pelvic organs and pelvic peritoneum by its growth, and hence no peritoneal inflammation would be produced by an operation from below. Another form which similates the ovarian is caused by an accumulation of the menstrual flow in the cavity of the uterus, or in a sac communicating with it.

Mrs. A. E. N., æt. 35, menstruated since her fourteenth year; in a short time the discharge ceased and remained so for one year; it recurred, and again soon stopped, and so continued till her eighteenth year, with great pain at each period. Her health declined. She married at thirty; became pregnant. At full time labor came on, and after much suffering embryotomy was employed. For two years she remained lame in her left leg. After two and a half years the menses returned. She was shortly attacked with dysentery, and while in bed with this noticed the tumor. A clear water escaped from the vagina, which continued, with an occasional flooding, producing great prostration. Defecation was accompanied by a sense of obstruction. The stools were of a small size, and when hard, difficult to expel; urination was difficult, except when the tumor was elevated. On examination, the abdominal prominence appeared like a sugar loaf, tense, and the apex like a small super-imposed cyst on a larger cyst. Between the umbilicus and pubis there was a fluid, supposed to be in the peritoneal cavity. The pelvis was filled with an elastic tumor, which adhered all around it, as it resisted all efforts to push it up, except anteriorly, where the vagina ascended. The sound could be passed up four and a half inches. There was an evident connection between the pelvic and abdominal tumors. Position did not alter either the tumor or the sounds on percussion. It resembled very strongly ovarian tumor. The large cyst was tapped through the vagina to make the diagnosis. The fluid flowed slowly, like sugar-house molasses, both in color and consistence, to the quantity of seven pints in one and a half hours. It was ropy and became hard by boiling. The pelvic tumor was ascertained to be but a continuation of the other. Next day two pints more were discharged. When an examination was made with the sound aud per vaginam, the walls of the uterus could not be detected. The flow ceased. The small tumor above was supposed to be the uterus, as it hardened like that organ under the excitement produced by handling.

The fluid was evidently that of long accumulated menstruations. Hence no operation was deemed advisable. How this could be, and yet flooding occur, he was unable to tell at that time. She improved, but erysipelas and stomatitis occurred, resulting fatally.

The autopsy disclosed healthy abdominal viscera, the anterior small cyst to be a uterus flattened and enlarged, while the other was composed of true uterine tissue. Both ovaries were healthy. The conclusion arrived at was that it was a case of double uterus, with but one cervix, one body being anterior to the other. Hence the menorrhagia had occurred from that anterior, while the flow had collected in the other. He believed that parturition had occurred in the posterior cavity, after which adhesions had occurred, the os was sealed up, while the other remained open.

Adjourned.

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Harvey's Remains.—The subject of the proposed removal of the remains of Harvey is being discussed between the College of Physicians of London and some of the descendants of the great discoverer of the circulation.

The Bearded Lady.—It must be uncomfortable to be born a phenomenon. Paraded during life, and embalmed after death and exhibited. Even the peaceful grave is debarred—as is the case of the Bearded Lady, who died a few months ago at Moscow, was "properly prepared," and now in her coffin forms one of the attractions in an exhibition room in London.—*Exchange.*

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

Researches on Primary Pathology and the Origin and Laws of Epidemics. By M. L. Knapp, M. D. Second Edition, 2 vols in 1. Philadelphia: 1860.

This work is designed to prove that the origin of all disease, sporadic or epidemic, as well as the conditions resultant upon injuries, depends upon the existence of the *Scorbutic Diathesis.* To account for this, a theory has been invented which provides for the universal existence in every one of a *latent Scorbutus*, which a perfect dietary might prevent; but, unfortunately, owing to our unnatural modes of living, the seeds of scorbutus remain in us for ever!

We might give a *resumé* of the arguments by which these peculiar views are sought to be established, by the following syllogism:

All disease is the result of perverted nutrition:—
Perverted nutrition developes the scorbutic diathesis;
Ergo—*All disease is dependent on the scorbutic diathesis!* and of *course* the universal panacea will consist in the administration of antiscorbutic remedies—i. e., succulent vegetables. As soon as the whole profession adopt the views of Dr. Knapp, the practice of medicine will be resolved into an easy formula, while the study of physic will be rendered a pleasant pastime.

The author, at one fell swoop, would annihilate the doctrines of our nosologists;—who name diseases from symptoms—as *inflammation, palsy, atrophy*, etc., or else, from the organ in which a disease has become localized—as *bronchitis, nephritis, meningitis*, etc., instead of adopting a name which would explain the cause of the disease.

Therefore, Tweedie, Watson, Chapman, Wood, etc., etc., etc., and all who adopt their views "*strike in the dark, not knowing the essential nature of any one of the so-called diseases in their catalogues.*"

To reconcile the occurrence of contagion with the luminous doctrine of one general ailment, and that the scorbutic diathesis, we have presented to us the convenient theory that contagion arises *de novo* at every pestilential period; and the effluvia from bodies thus affected received into the systems of other individuals, impairs their nutritive functions much in the same manner as anæsthetics, and noxious gases, inhaled into the system, produce tolerably uniform results respectively.

Medicines being held, in accordance with this doctrine, to be mainly servicable as nutrients and eliminants, beef, potatoes, cabbage, and buttermilk, come in much more rationally as applicable to the treatment of disease;—and hence the only law of cure is to repair the injured nutritive process, let it be an ulcer, or insanity, fever, or an ununited fracture;—which process operates with equal force in cures produced by faith and the imagination—charms, homeopathy, and the like. All diseases (i. e. scorbutic diathesis) are produced by three causes, one being remote and the other two excitant. These are *deviations in the vital stimulus, consequent on the impairment of healthful alimentation; deviations in the impression of the atmospheric air;* and *deviations in the impressions of heat, light, and electricity.*

Now in *Epidemic Cholera*, the meteoric are the exciting causes, while the remote cause is error in the vital stimulus of alimentation. This error of the vital stimulus proceeds from scarcity of food, because the disease selects its victims among the poor and destitute, who cannot buy vegetables on account of their high price, and are compelled to confine their diet to coarse animal food:—hence the development of the scorbutic diathesis, acting on which, the meteoric conditions of the atmosphere excite epidemic cholera; hence, in conformity to the Jewish King's adage that "there is nothing new under the sun," *cholera is but a modified scorbutus.*

The reasons for this belief, as deducted from meteoric and other observations of the periods preceding epidemics of cholera, are, *the coincidences of cold winters, retarded springs, and blights preceding its outbreaks.*

Thus the summer of 1831 was one of great heat, humidity, rains, etc., followed by an extremely cold winter which kept the harbors of the United States closed from November until April; this abridged the crops, and raised the price of vegetables; hence the production of scurvy, operating on which, the heat of the summer months culminating in June, caused a devastating epidemic of cholera; which continued its ravages until the ripening of fruits and vegetables unlocking nature's dispensary, allowed the free employment of anti-scorbutic remedies.

Then follow an array of collected extracts and facts to show how cholera and scurvy attack the same classes of society, and under similar circumstances; and how the bed side phenomena and terminations are the same, and how they are both prevented and cured by the same anti-scorbutics—the curative treatment being emetics of common salt at the outset, followed throughout the disease by the bicarbonates of soda and potassa, with citric and tartaric acids; the preventative being a palatable punch of lemonade dashed with brandy; with morphia where there is diarrhœa.

Then follow analyses of 20 cases thus treated in Pittsburg, Pa., most of them at the Mercy Hospisal, in the fall of '54, all of which are demonstrated to be scurvy, and which were all that the author saved.

Then follow quotations and extracts from foreign journals, and authors away back to Hippocrates, showing the similarity between scurvy and cholera.

Cholera Infantum and *Nursing Sore Mouth* are

in like manner shown to be scurvy; which completes the first volume; while the remaining volume is devoted wholly to the scorbutic diathesis, ("which is primary pathology;") the causes of which are all influences which tend to impair nutrition, and particularly defective alimentation, especially abstinence from succulent vegetables, which elaborate the salts of the alkaline, earthy, and metallic bases requisite to repair wasting tissue, and not afforded in any other aliment; hence, pestilence after blights in vegetation.

The signs of scurvy are first, pale and contracted gums; and by and by a purplish line at the dental margin.

Then, after describing scurvy in its various appearances, with sundry reiterations of the favorite doctrine of the book, it is taken for granted that the diminished sp. gr. of the blood, the debility, ecchymoses, petechiæ, hemorrhages, exudations of serum and fibria, ulcerations, and local inflammations attendant on scurvy, show it to contain the symptoms, and consequently the elements of all diseases;—whence it follows *that all disease is resultant upon the scorbutic diathesis.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 12, 1861.

FACTS versus FIGURES.

Although we cannot agree in all respects with the views advanced by an esteemed contributor in another column, who makes his appearance under the somewhat cacophonous but modest *nom de plume* of "Old Fogy," yet it is but fair that, in a matter involving the fundamental principles of therapeutics, all sides should have a hearing. It will be seen that our ancient friend is not at all wedded to the new school of stimulation, and he bears with great scholastic power and critical acumen upon the recent work of its most prominent advocate, the late Dr. Todd.

It is one of the most difficult things to arrive at reliable conclusions from statistics, in clinical medicine. Too little attention is paid to circumstances outside the mere fact of a certain disease and a particular treatment.

Thus, for instance, in comparing the mortality from the typhus fever endemic of 1851, at New York and Albany, (see Reporter, Dec. 29,) it was inferred that the greater mortality in New York was owing to over-stimulation, because more died in New York than in Albany, "although there the advantages were superior; here (in Albany) the patients were received into shanties." But this very fact of the patients being received into shanties, with free access of air, constant ventilation, counteracting a concentration of the contaminating poison, is a reason why the disease should have been less fatal in Albany than in New York, and why less stimulus should have been required there. The same fact, we are told, was observed during the great typhus epidemic in New York. The wards of Bellevue Hospital being insufficient to accommodate all the patients, shanties were roughly erected on the hospital grounds, and, from their hasty construction, were, of course, very accessible to air, wind, and weather. The mortality of the patients in the *shanties* was remarkably less under the same treatment than of those in the hospital wards.

It is said that the mortality from fever in the ——— Hospital (under the charge of Dr. Todd) was much larger than at any other institution. Even granting this, it does not militate against the stimulating practice, unless it can be shown that there are no other causes which may have combined to render the mortality in that institution greater.

As another illustration of the same principle, we refer to two of our home institutions, the Pennsylvania and the Philadelphia Hospitals, in regard to the treatment of delirium tremens. The stimulating treatment is the favorite one in the latter institution, while in the Pennsylvania Hospital the expectant, antispasmodic treatment is generally resorted to. The mortality statistics for a number of years back, according to the statement of Dr. J. Forsyth Meigs, in a recent clinical lecture, show very decidedly in favor of the Philadelphia Hospital. But would it be right, hence to conclude that the stimulating treatment was the better one, and to condemn the practice of the Pennsylvania Hospital? By no means. For the average class of patients, the relative number of their attacks, and other important points of consideration, differ so much in these institutions as to render it entirely unjust to draw a parallel between the therapeia of this disease in the two institutions. In the Philadelphia

Hospital the disease is seen from its mildest forms up to the severest, the former adding largely to the favorable percentage of mortality, while the very large proportion of patients admitted into the Pennsylvania Hospital, we are told, are of the very gravest character, patients who are brought there after they have become almost entirely unmanageable at home.

It is hence impossible by statistics to judge of the value of any particular mode of treatment, unless *all* the circumstances accompanying the disease are also brought under rigid examination; and though we attach to statistical medicine the highest importance, yet, when looking at the growing tendency of drawing hasty conclusions from statistics, we deem it our duty to warn against the fatal error of turning the mind into a mere calculating machine, and attempting to supplant philosophical induction and scientific, rational observation by the Rule of Three. "Figures never lie," it is said; but, as has been shrewdly remarked, men who use them sometimes do—often unconsciously.

POISONING.

We refer the reader to the account of a case of wholesale poisoning which recently happened in this city, published in the correspondence columns in this number, and at the same time it is a duty which we owe to the community and the profession, to call attention to some glaring defects in law or its administration.

The symptoms which the patients presented, together with the partial confessions of the suspected poisoner, of having thrown "love-powder" into the food, upon the eating of which these ten persons sickened, and the fact, as shown by witnesses, that the prisoner had made violent threats against the lives of several of the victims, seem to indicate very strongly that here was a premeditated attempt of poisoning. It was certainly a fortunate circumstance that no death took place; yet the attempt is all the same, and the suspicion of criminal motive is as complete as circumstantial evidence can make it.

Yet, in view of all this, we learn that no endeavor has been made to determine positively whether the food eaten by these persons contained poison; and if so, whether arsenic or something else. A sufficient quantity of the suspected eatables is in the hands of experienced chemists to determine the fact; yet the examination, we understand, is at a stand-still, because there is no provision made for paying these gentlemen for, perhaps, a tedious and expensive examination. Whose fault is this? Is the law insufficient to provide for such exigencies? Or does the difficulty lie in its administration? In either case, prompt measures should be taken to procure relief. Had any of the victims of this suspected attempt died, of course the matter would have been strictly examined. But here are ten persons brought to the verge of the grave, and there is strong suspicion of murderous intent. Must we wait in this community until the victim of criminal poisoning lies in the coffin, before a vigorous and positive examination of the case is instituted? Or, if the prisoner is innocent, and all the suspicions are groundless, must the man have the dark suspicion following his life forever, because he is poor, and there is no provision in the same law which arrests him, to pay for the elucidation of the positive facts in the case? Let this matter be ventilated.

MEDICAL SOCIETY OF NEW JERSEY.

The Medical Society of the State of New Jersey, the oldest medical society in the land, will hold its ninety-fifth annual meeting at Trenton, January twenty-second, as will be seen by the official notice of Dr. William Pierson, Recording Secretary. As this society rapidly approaches its centennial anniversary, we hope that new vigor will be infused into it, so that when it throws off the mantle of a hundred years it may be provided with a new garb, decorated with the emblems of rejuvenated energy and progress, and retain its proud Nestorship among the medical societies in the United States. We entreat the profession of New Jersey to labor for this object. A little dash of young America would, we think, not ill become the stately veteran. Let the State

Society in New Jersey look to its laurels, and strive to be the first in work as it is the first in age.

SPIRIT OF THE MEDICAL PRESS.

The *North American Medico-Chirurgical Review* has the following in its January number, in regard to the Ether Patent:

"The Hon. P. F. Thomas, Commissioner of Patents at Washington, deserves the thanks of the medical profession and the public at large, for refusing to renew the patent issued to Dr. Morton and Dr. Jackson, fourteen years ago, for the exclusive employment of ether to induce anæsthesia in surgical operations. The patent expired on the twelfth of November, 1860, and Dr. Morton, some months since, applied for an extension of the patent for a period of seven years. Dr. Jackson, however, would not assign to Dr. Morton the right of extension, and remonstrated against it. On this account the renewal was not granted, and the result has been that the would-be patentee has succeeded in preserving his name from an amount of odium from which he could never have recovered. Such a boon should be as free as the air of heaven.

"It is strange, passing strange, that Dr. Morton, after having achieved so wonderful a discovery, should have been so insensible to his fame as to seek for a patent right. Poverty is a thousand times preferable, under such circumstances, to the most inexhaustible riches extorted from the groans of the people. After indorsing Dr. Morton's claims, as we were induced to do last winter, we deeply regret that he should have permitted himself to go again before Congress. We sympathize with him in his poverty, brought on, as he alleges, by his attempts to introduce the use of ether, as an anæsthetic agent, to the notice of the profession and the public, and we think it is a burning shame upon our country and upon the age, that our National Legislature has not made him a liberal compensation for his great and inestimable services. If the labors of Jenner in the cause of vaccination deserved the recognition of the British Parliament, surely Dr. Morton is entitled to the gratitude of his countrymen for the sacrifices which he has made to furnish them with a safe means of preventing pain in surgical operations and in the throes of parturition."

The Cincinnati *Lancet and Observer*, in alluding to a death from chloroform, which recently occurred in Paris, concludes: "Is it not about time that chloroform should be laid aside? Can any one pretend to lay down rules for its safe administration?" We are glad that our cotemporary assumes the position which we have urged so often of late.

The leading editorial in the December number of the Cincinnati *Medical and Surgical News*, refers to the *res pecuniæ*. It says: "We have become satisfied, that as soon as a Journal has given evidence of vitality, it should be paid for in advance; this is as necessary to its growth and usefulness as nutriment is to the young and vigorous plant." We hope the *News* will be properly manured.

The *American Journal of Indigenous and Materia Medica* is a new monthly Journal, published by B. Keith and Co., as an advertising medium for their establishment. It possesses little or no scientific value.

A similar Journal is the *Journal of Materia Medica*, published by Tilden & Co., which copies from other Journals without giving credit.

—o—

Influence of Pregnancy on Insanity.—Dr. Tanner, in his recent work on the Signs and Diseases of Pregnancy, says that in his experience insanity in women is not benefited by becoming pregnant, and, that in two cases under his observation, marriage only aggravated the morbid symptoms.

Correspondence.

NOTE ON VITAL INDUCTION, COMMONLY CALLED ANIMAL MAGNETISM.

Messrs. Editors:—The question is often asked of medical men, "How much do you believe in Animal Magnetism?" or "Is there such a thing as Animal Magnetism?" and it is almost impossible to give any satisfactory answer, as the pre-conceived values attached by each party to the words used differ very widely. As the question is generally understood by the inquirer, especially if such seeker after knowledge be of the gentler sex, it might be translated "Do you believe that one person may have influence over another unconsciously to the subject of such influence?" and to this question the answer must certainly be in the affirmative; but why this influence should be called animal magnetism does not appear. It has been too much the custom with the public, and, alas! also, with the scientific public, to adduce the words *electricity, magnetism*, as a kind of exorcism when any incomprehensible process or inexplicable appearance has been in question; and especially has this been done in the case of all vital phenomena. But the actions of life should no more be called *electrical* than they should be called *photic, acoustic*, or *thermal:* nervous action has no more to do with electricity than with heat, sound, or light.

Let me endeavor to state plainly what is now received as fact concerning nervous action, and thence try to explain the phenomena of so-called "animal magnetism."

It is pretty well established that the nervous force is a *physical force*, corrlative with light, heat, electricity, galvanism, sound chemical action, etc.; that it, like them, consists of undulations, whether of a peculiar medium or of ordinary matter, it is indifferent to the present purpose to inquire. It is then to be expected that it should be subject to the same laws, *mutatis mutandis*, as its conclatives. It is known that if two or more musical strings be identically attuned, a note produced from one will be reproduced by the others, together with the harmonies; this is a common fact in acoustics; the vibrations of sound are taken on by the subsequent strings, which, by hypothesis, were specially arranged for that purpose.

To the same principle is referable the phenomenon of *irradiation* in light, (in this case the optic nerve being the vibrating medium.) So with electrical induction: a charged body being brought near a number of bodies, each of them assumes a condition of polarity by *induction* without contact; thus a lecturer on electricity may often be surprised by unexpected illustrations of his remarks, proceeding from portions of apparatus which had momentarily escaped his attention.

The late Prof. John K. Mitchell, to whom the scientific world owes much for his patient investigation of the subject of "animal magnetism," gives it as his opinion that the first step in the process is an effect upon the operator's own nervous system, from an exertion of his own mind; in this view I fully coincide. By this means the operator's nervous system attains a certain degree of what, for want of a better term, may be called "*vital tension.*" Now, supposing another person's nervous system to be at precisely the same point of *vital tension*, why (*ex hypothese*) should not the nervous undulations be taken on by the second person's nerve fibres in obedience to a law of what may be called "*vital induction*?" Thus the state of the subject would correspond to that of the operator. This would account for the fact that while so many are capable of becoming operators, so few are susceptible of being thus influenced by others.

I do not wish to be understood as saying that I believe implicitly in any case of so-called "magnetic influence." It is better to "swear by the words of no master," and when the words of the various masters are so contradictory upon this subject, it is better to reserve judgment altogether. But if I was convinced that any such influence had been exercised I would explain it in the above manner.

A limitation must be here suggested as to what are to be considered true cases of this vital induction. A feeling of involuntary attraction towards or repulsion from a person at first sight, is not due to vital induction, because in this case the mind is concerned and its actions amply account for the phenomenon. But if an invalid were made to feel better by the presence of a strong, healthy, sanguine person in the room, *without the invalids being at all aware of such presence*, this would be a vital "action by presence"—this would be VITAL INDUCTION.

JOHN ASHHURST, JR., M. D.

Philadelphia, Jan. 4th, 1861.

SUSPECTED POISONING WITH ARSENIC.

MESSRS. EDITORS:—Thinking that it might be interesting to the profession, I communicate a full account of the case, or rather cases, of suspected poisoning with arsenic, which came under my observation on the 30th of December last, and which caused considerable excitement. About 4 o'clock in the afternoon, I was requested by a young man to follow him to his boarding-place, where all his house-mates were taken sick, probably in consequence of being poisoned. On my arrival at the house of Mr. Isaac Biggardt, 241 Race street, I found him in his bed in a very low condition; his pale, livid skin, was cold and dry; the pulse remarkably suppressed, but not slow. A large quantity of ejected matter stood in a vessel before his bed; its solid portions were floating in a greenish, yellowish liquid. The patient's voice was weak and feeble, almost hoarse; his mind very much depressed, he showing a dislike to answer questions.

Another young man, about twenty-two years of age, was in a still worse condition; his sufferings seemed to be more severe than in any of the rest; he lay on a settee in the kitchen.

An old lady, seventy-three years of age, (Mrs. Rosenheim,) sat near the stove; but, as she appeared quite weak, complying with my advice, she went to bed.

A gentleman, about forty years of age, was in his bed, struggling with the same symptoms.

Thus there were ten persons, all more or less violently affected—some of them walking about, though affected with vomiting and diarrhœa.

These symptoms induced me to fix my diagnosis upon *cholera toxica metallica*.

I recommended the patients first to drink much milk, into which an egg or two were beaten. A hasty examination of some of the soup (noodle) which the patients had eaten, by Marsh's test, showed the brown arsenical ring on a porcelain plate, unaffected by muriatic acid. A watery solution of the acetate of iron, and afterward the hydrated sesquioxide, were administered to the patients in frequently repeated doses, and with apparently good effects.

On my second visit, about an hour and a half after the first, I found the sufferers considerably relieved. At ten o'clock, in most of them, the alarming symptoms had subsided. One

young man, who refused to take any medicine, vomited most violently; the ejected matter in the vessel looked green. Mrs. Biggardt, seeing her husband considerably relieved, felt more encouraged to speak about the affair, and told me that her husband, while vomiting, threw up a considerably quantity of blood. Similar statements were subsequently made by several others of the patients. At this visit, (ten o'clock,) I was requested to see a patient in a neighbor's house, another victim of the attempt. This was the most marked case of all. He had been vomiting all the afternoon, having no idea of its cause, lounging about at a friend's house, scarcely able to walk home. His skin was pale, livid, cool, and dry; his face pretty nearly the facies hippocratica; his pulse was small and suppressed; voice feeble and hoarse; severe unquenchable thirst; the tongue livid, moist, slightly furred, and relaxed. The antidote was given, as in the other cases. The next morning, about nine o'clock, I found him sitting up in his bed, and, though very weak after severe suffering during the night, he felt much relieved, and talked of getting up. He then gave me a full account of his condition on the previous day, which in general amounted to the same symptoms as in the other cases, with the addition that his unquenchable thirst he attributed to a peculiar dryness and choking sensation in his throat; terrible griping in his stomach and abdomen, as if his entrails were going to be rent in pieces; a burning and violent pulsation in his stomach, as if some one was beating him with the fist; a peculiar pain in his back, as if it was broken; much debility of his extremities. On the third morning, I did not find him at home, though his house-mates had heard him complaining much.

On the morning of the third day, I found Mr. Biggardt sitting up, and, at my first glance, was struck with the peculiar œdematous swelling of his face, especially about the lower eyelids; his hands were also œdematous. He and Mrs. Rosenheim were the only two of the patients who needed continuance of treatment, which consisted in the administration of neutral mixture, chamomile and mucilage, with massæ ferri carb.—Vallet's. When, a few days after that, I saw the whole company at the alderman's office, one of them attracted my attention by a remarkable blueness around the eyes, which, in a few days, was by degrees going off. Mrs. Rosenheim's skin was, for a day or two, remarkably yellowish, as if icterus was coming on. Last Saturday, when I saw the sufferers all gathered before the Court of Quarter Session, most of them complained of soreness of their mouths and lips. On some of them, I saw the frenum of the tongue inflamed and swollen; the internal surface of the lips in some was excoriated; in others, the lips were slightly swollen, cracked here and there, and an eruption similar to the one in the convalescence from a gastric fever. I do not know any disease or toxication which might present this series of symptoms but poisoning with arsenic.

A. Patze.

Philadelphia, Jan. 9, 1860.

NEWS AND MISCELLANY.

Deprivations of the Insane for the Sake of Safety.—Dr. Lindsay, physician of the Perth Lunatic Asylum, Scotland, in his annual report, says: "In the course, of our visits to various asylums—even those of first-class reputation in this country—we have found ordinary windows objected to, and not used, because patients might precipitate themselves therefrom; window-blinds, because patients might use the chords for suicidal purposes; pictures on the walls because the suspending nails or cords might subserve similar ends; open fires, because patients might set fire either to themselves or the building; ponds and fountains, because patients might drown themselves therein; flower-gardens, because such plants as aconite, bay laurel, or the poppy, might be used as poisons; artificial mounds or embankments, because patients, whose suicidal propensities takes the direction of butting their heads against walls, might find the additional impetus acquired by rushing down such slopes an important aid to suicidal attempts; cricket and archery tabooed, etc., etc. But accidents will occur, spite of every precaution. The number of such accidents is not, according to our experience, increased by placing the majority of the insane on the same footing as the sane in regard to the furnishing of their dwellings, or to their occupations and amusements; and it appears to us not only ridiculous, but eminently unjust, because one patient out of several hundreds—perhaps 0.10 per cent.—and in the course of several years, commits suicide by means of some article of furnishing which was not essential, and might therefore have been absent, to punish the said several hundreds—the great majority of patients—who can appreciate and make the proper use of such surroundings, games, or amusements as we have mentioned—by depriving them suddenly thereof."

The Sphygmograph.—Dr. Morey has laid before the Academy of Sciences an instrument of his invention destined to reproduce on paper the alternating movements of ascent and descent, together with their exact relative extent, of the pulse. The sphygmograph, as it is termed, is composed of a lever, one end of which rests on the pulsating artery, the other being in connection with a sort of pen, which scores down a zigzag line, varying according to the impressions communicated to the lever. The strip of paper on which the drawing is made is, by means of a clock-work movement attached to the apparatus, made to travel under the pen at a uniform speed, much as does the dispatch

band in the French electric telegraph system. The line traced on the paper of the spyhgmograph by the healthy artery generally consists of a perpendicular up-stroke and an oblique down-stroke, the latter twice the length of the former. That traced by the impulse of a radial artery, the brachial of the same side being affected with aneurism, is very different, and is a mere undulating line. The invention is highly ingenious.—*Lancet.*

THE ninety-fifth annual meeting of the Medical Society of New Jersey will be held at Trenton, on the fourth Tuesday (22d) of January, at 7 o'clock P. M. Delegates are requested to bring with them their authenticated credentials. January 4th, 1860.

W. PIERSON, *Rec. Sec.*

The Prevention of Ectropion—M. Debron, of Orleans, has lately brought a case before the Surgical Society of Paris, upon which he grounds his belief that threatened ectropion should be prevented when loss of substance renders its occurrence likely by the following operation:—The margins of the eyelids are pared and brought together by sutures, so that the ocular globe, when union takes place, is completely and permanently covered. The loss of substance then undergoes repair, either by contraction or autoplasty, and when the cicatrix has reached the maximum point of retraction, the lids are freed, and no chance of ectropion is left. Facts *seem* to prove that the artificial ankyloblepharon thus produced does not permanently damage the media of the eye. MM. Richard, Huguier, and Maisonneuve are said to have operated successfully in the same manner. Doubts may be entertained as to the effects of this operation on the globe of the eye and the margins of the lids.—*Lancet.*

"*The Berkshire Medical Journal*, devoted to the Interests of Rational Medicine," is a new journal, which has just reached us, edited by Professors WM. HENRY THAYER, M. D., and R. CRESSON STILES, M. D., of the Berkshire Medical College, Pittsfield, Mass. It is the second medical journal published in New England. We place it upon our exchange list with much pleasure, and wish it success.

Pennsylvania Hospital.—Dr. Edward Peace has resigned his position as one of the Surgeons of this institution.

A verdict of manslaughter has been rendered in England against a teacher who caused the death of a boy by flogging. . . . Forty per cent. of the deaths at the general hospital of the city of Malaga were from the affection of the chest—a fact not favorable to that popular resort for consumptives.

DIED.

HAMPTON, DR. ISAAC H.—At the last Semi Annual meeting of the Cumberland County (N. J.) Medical Society, the following resolutions were unanimously passed and ordered for publication:

Whereas, In the timely dispensations of a wise and benignant Providence, death has, since our last meeting, deprived us of a fellow member:—

Resolved, That in the death of Dr. Isaac H. Hampton, of Bridgeton, N. Jersey, the community has lost a valuable citizen,—the profession a long tried and faithful member.

Resolved, That as a practitioner of medicine, Dr. Hampton was careful, judicious, successful, a rapid thinker; of vivid imagination, in temperament active and versatile, and gifted with rare colloquial powers, he acquired a high position among medical men.

Resolved, That the Society in which he so long moved a well-beloved member,—and the Profession which his zeal and skill ever promoted and adorned, mourn a mutual bereavement.

Resolved, As an expression of our sympathy, that the Secretary of this Society tender our condolence to the bereaved family, with a copy of the above resolutions.

Signed, W. ELMER, *Sec'y.*

Answers to Correspondents.

Many who have received vaccine virus from this office are reminded that a return of matter when convenient is the condition on which it was sent. An attention to this will give but little trouble to the recipients, and will be conferring a favor on many practitioners who may be similarly in want.

J. S.—Gelsemin is used in fever, in doses of the quarter or half a grain.

D.—Article 5, section 5, of the Code of Ethics, explicitly says: "When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival."

COMMUNICATIONS RECEIVED.

Maryland—Dr. S. M. Harry. *New Jersey*—Dr. J. W. Snowden, (with encl.,) Dr. D. M. Skinner, Dr. William Pierson, Dr. G. Haines, (with encl.,) Dr. J. S. Schanck, (with encl.) *Delaware*—Dr. G. P. Norris, (with encl.) *Illinois*—Dr. W. M. Cooper, (with encl.,) Dr. M. Davis, Dr. A. S. Stoner, (with encl.) *Kentucky*—Dr. J. B. Jackson, (with encl.,) Dr. J. L. Stockdell, (with encl.) *New York*—Dr. S. D. Williard, Dr. John McCall, Dr. O. C. Alexander, (with encl.,) Dr. Levi Moore, (with encl.,) Dr. Mahlon Fe'ter, (with encl.,) Dr. Leopold Elsner, (with encl.,) Dr. Samuel P. McElroy, Dr. H. B. Harton. *North Carolina*—Dr. L. W. Martin, (with encl.). *Ohio*—Dr. McNichol, Drs. Everett and Marshall, (with encl.,) Dr. G. W. Bigler, (with encl.,) Dr. D. S. Gans (with encl.,) Dr. W. E. Chapman, Dr. C. C. Merman, (with encl.) *Pennsylvania*—Dr. H. D. Whitman, Dr. J. H. Grove, (with encl.,) Dr. J. W. Brown, (with encl.,) Dr. J. A. Reed, Dr. L. B. Balliet, (with encl.,) Dr. F. G. Morris, (with encl.,) Dr. G. W. Hoover, (with encl.,) Dr. J. W. Potter, (with enc.,) Dr. J. Crowley, (with encl.,) Dr. A. Sheller, Dr. Bibighaus, (with encl.,) Dr. James A. Wilson, (with encl.) *Rhode Island*—Dr. E. M. Snow. *Washington, D. C.*—Dr. G. W. Pope, (with encl.)

Office Payments.—Dr. Benj. H. Deacon, (Pa.,) Dr. Burmeister, (Phil.,) Dr. Lewis, (Phil.,) Dr. J. M. Leedom, Dr. H. S. Schell, Dr. B. W. James, Pennsylvania Med. Col., (adv.,) Dr. P. Walter, (Pa.,) Dr. J. V. Schenck, (N. J.,) Dr. R. P. Thomas, (Phil.,) Dr. S. Catner, (Pa.,) Dr. Harlow, Dr. Rodmaff, Dr. Jos. Pancoast, Dr. Edward Hartshorne, Dr. Gegan, Dr. U. Q. Davis, (Pa.,) Dr. Demme, Dr. Bournonville, Dr. Darrach, Dr. Peace, Dr. Goddard.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 29, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	251	356	89	122	65	.....	.....	14	.....	.....	91
Males	123	194	43	78	36	.....	.....	6	.....	.....	46
Females	128	162	38	38	29	.....	.....	8	.....	.....	45
Sex not stated	.....	.....	8	6	.....	.....	.....	.....	.....	.....	.....
Whites	234	.....	79	100	.....	.....	.....	8	.....	.....	90
Black and colored	17	.....	10	18	.....	.....	.....	6	.....	.....	1
United States	184	244	.....	48	.....	.....	.....	13	.....	.....	.....
Foreign countries	50	110	.....	44	.....	.....	.....	1	.....	.....	.....
Nativity unknown	17	2	.....	30	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	101	169	.....	44	.....	.....	.....	.....	.....	.....	54
5 to 10 years	29	19	.....	7	.....	.....	.....	.....	.....	.....	.....
10 to 20 "	15	14	.....	5	.....	.....	.....	.....	.....	.....	.....
20 to 50 "	68	110	.....	41	.....	.....	.....	.....	.....	.....	37
50 and over	38	44	.....	16	.....	.....	.....	.....	.....	.....	.....
Unknown	.....	.....	.....	9	.....	.....	.....	.....	.....	.....	.....
Causes of Death.											
Zymotic Diseases.											
Croup	11	6	5	2	2	.....	.....	.....	.....	.....	5
Cholera Infantum	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	.....	.....	6	1	.....	.....	.....	.....	.....	.....
Diphtheria	8	10	.....	3	1	.....	.....	.....	.....	.....	3
Dysentery	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
Erysipelas	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Fever, remittent	.....	.....	.....	2	.....	.....	.....	.....	.....	.....	1
Fever, intermittent	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	1
" typhoid	2	9	.....	2	2	.....	.....	1	.....	.....	.....
" typhus	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
" scarlet	27	40	4	9	2	.....	.....	1	.....	.....	.....
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	.....	3	1	.....	.....	.....	.....	.....	.....	1
Measles	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	9	6	.....	1	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	9	.....	2	3	.....	.....	.....	.....	.....	3
Congestion of Lungs	1	6	1	2	2	.....	.....	.....	.....	.....	.....
Consumption	31	54	15	19	10	.....	.....	2	.....	.....	12
Pneumonia	20	36	7	7	8	.....	.....	.....	.....	.....	7
Hemorrhage from Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	7	1	1	1	.....	.....	.....	.....	.....	1
Convulsions	6	19	2	6	2	.....	.....	.....	.....	.....	11
Congestion of Brain	2	10	.....	2	2	.....	.....	1	.....	.....	2
Disease of Brain	2	.....	.....	1	3	.....	.....	.....	.....	.....	.....
Delirium Tremens	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	4	9	2	2	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	3	9	.....	.....	.....	.....	.....	.....	.....	.....	.....
Paralysis	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	3
Tetanus	.....	.....	.....	4	.....	.....	.....	.....	.....	.....	.....
Circulatary System.											
Aneurism	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	9	7	3	3	2	.....	.....	1	.....	.....	2
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	.....	.....	.....	3	.....	.....	.....	.....	.....	.....	1
Gastritis	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	2
Hepatitis	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	1	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Intussusception	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	6	.....	.....	4	.....	.....	.....	.....	.....	.....	1
Marasmus	10	11	.....	4	.....	.....	.....	.....	.....	.....	.....
Peritonitis	4	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	3	1	.....	2	.....	.....	1	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	4	.....	1	.....	1	.....	.....	2	.....	.....	.....
Dropsy	5	7	2	3	.....	.....	.....	2	.....	.....	7
Debility, etc	11	8	.....	5	1	.....	.....	.....	.....	.....	7
Fever	.....	.....	5	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Puerperal Diseases.											
Hemorrhage		.....									
Convulsions		.....		1							
Fever	3	.....	3	.....	2	.....	.....	.....	.....	.....	.....
Diseased Womb		.....		.....							
External Causes.											
Accidents	.....	5	.....	5	3	.....	.....	2	.....	.....	1
Poisoning	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	2	1	.....	1	2	.....	.....	.....	.....	.....	.....
Stillborn	18	.....	8	4	.....	.....	.....	.....	.....	.....	10
All other causes	19	8	24	13	11	.....	.....	2	.....	.....	7

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 222. } PHILADELPHIA, JANUARY 19, 1861. { NEW SERIES, VOL. V. NO. 16.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Crystaline Lens and its Diseases.

Delivered at the Howard Hospital,
By Laurence Turnbull, M. D.,
Ophthalmic Surgeon to the Hospital.

Operation of Solution.—The solubility of the opaque crystaline lens in the aqueous humor, in adults, has been fully proved by Scarpa, Hey, and other distinguished surgeons, and especially by Pott, whose careful and accurate experiments and observations established it as a fact, not only when detached from its capsule and sunk in the vitreous humor, but even whilst it remained in its natural position, provided its capsule was opened. "In order," he remarks, "to render the fact still more clear, I have sometimes, when I have found the cataract to be of the mixed kind, not attempted depression, but have contented myself with a free laceration of the capsule, and having turned the needle round and round between my finger and thumb, within the body of the crystaline, have left all the parts in their natural situation; in which cases I have hardly ever known them fail of dissolving so entirely as not to leave the smallest vestige of a cataract. In a few instances, where I have had a fair opportunity, I have pushed the firm part through the pupil into the anterior chamber, where it has always gradually and perfectly dissolved and disappeared, not producing pain or trouble while such dissolution was accomplished."

These observations were confirmed by John C. Saunders, the founder of the Royal London Ophthalmic Hospital, who, while pointing out the dangers and the difficulties of the operation of solution, states, from a most extended experience, that in children this operation is the only one which is suited to that age. In the adult, if the texture of the lens is uniform and permeable, the cure is completed in a space of from three to five months; but, if the texture is firmer and the nucleus large, the cure cannot be accomplished in less than seven months. On this account, Mr. Saunders, who thought highly of extraction, and performed this operation with great dexterity and success, was inclined to extract the lens when its texture was unusually hard. With respect to the softer lens or the capsular cataract, he was satisfied of the entire superiority of the operation by solution.

In the capsular cataract, we find inflammation very rarely to follow the operation; in the lenticular, the inflammation is in proportion to the irritation, or pressure which the iris sustained. It is now, also, well known that inflammation may occur, independently of pressure, from the extravasation of a fluid cataract. (See *Case* 4.)

This operation has been carried to greater perfection of later years by the use of a much smaller needle and in the manner of using it, the object being to disturb the lens as little as possible. The needle is worked at its centre with a lateral motion, not sinking it in the lens too far. We are now content to obtain, by several operations, what was at first proposed to be gained by one or two. By such careful manipulation, the great risk of dislocation of the lens is guarded against, and many an eye saved. It has been proven in this city that, provided the constitution of the patient to be vigorous, it is possible to effect the absorption of a cataract up to the age of seventy. The only drawback in such cases is the time required, which varies from five to seven months, and often renders the patient dissatisfied. Hence it is necessary sometimes to employ the combined operation of solution and extraction.

Inflammatory attacks are liable to interfere with the successful progress of the case, for no

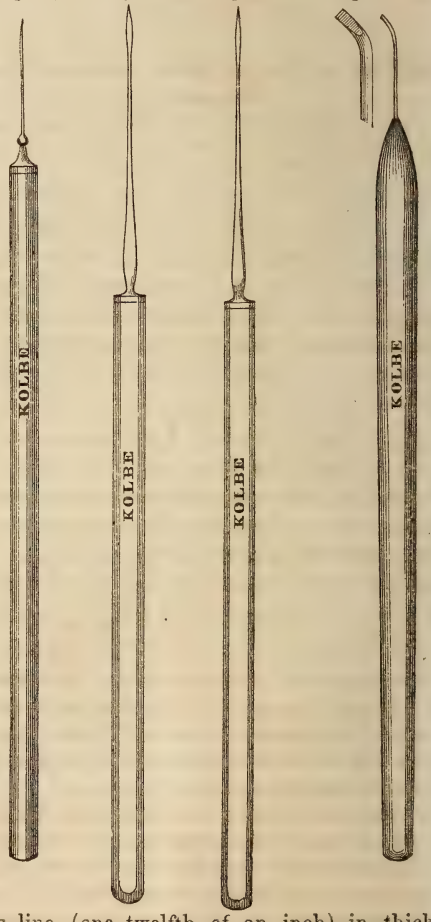
solution will take place while acute inflammation is going on. The operation of "discission," or cutting up the lens into small portions by little knives and cutting needles, has been employed to effect the complete or partial division of the lens and its capsule. Such a violent proceeding, even if it should be accomplished, would be improper and entirely opposed to the true principle of the cure by solution. Indeed, from careful inquiry, I know that, in the hands of distinguished surgeons, the lens has been dislocated by attempting to cut up the posterior surface of the capsule by one of these knife-needles; for the lens, as I have already explained to you, is held by two delicate stays, but little capable of offering resistance to a cutting instrument, while it is at the same time surrounded by structures which are sure to take on inflammation, if rudely pressed upon or contused. Even out of the body it is difficult to cut up a lens without a considerable amount of force, as you can readily determine for yourselves. The operation by solution and displacement is the one most generally resorted to by the ophthalmic surgeons in Philadelphia, and indeed in the United States.

Preparatory treatment is necessary, if the health is not good; but, if the patient is vigorous and in good health, little change should be made in the ordinary diet, with the exception of diminishing the quantity of food taken.

Position of the Patient.—During the operation, the patient should be placed upon his back on a narrow bed, the head supported by a hard pillow, and, if in a hospital, the bed should revolve upon a pedestal, opposite a window facing the north. The eye being fully dilated, an assistant or the surgeon retracts the upper lid with the bow of the speculum, while an assistant depresses the lower. The surgeon can, therefore, regulate the pressure on the eyeball as he may require. He penetrates the sclerotic parallel with its fibres a little above its transverse diameter, and two lines from the cornea. The point of the needle, having been directed toward the centre of the eye while piercing the sclerotica, is brought forward by depressing the handle toward the temple, and, after being rotated one-fourth of a revolution, so as to bring its flat surface upward, it is carried between the fringed extremity of the ciliary process and circumference of the capsule across the posterior chamber, a little beyond the middle of the pupil. When the needle is seen to have reached the centre of the pupil, its cutting edge (which is marked on the handle) is turned toward the opacity, and the capsule and the crystaline lens are very gently worked upon by the needle, confining the first operation to the capsule and superficial layers of the lens, gradually enlarging the opening by passing the needle into the lens and withdrawing it again, great care, however, being taken not to dislocate the lens. The patient should be allowed to rest five or six weeks before the operation is repeated, and this should be done only when the eye is free from all inflammatory action.

The needle which I employ is (see fig. 1)

Fig. 1. Fig. 2. Fig. 3. Fig. 4.



one line (one-twelfth of an inch) in thickness, and five-tenths of an inch in length, being shorter than any needle employed either on the Continent or in England, and and having but one cutting edge. Other needles are shown now upon the table, (fig. 2 and 3,) as Scarpa's, Saunder's, etc. I will illus-

trate the after-treatment by cases operated upon after I have described the *anterior operation*, or that through the cornea. This form of operation is adopted in England and Ireland, in order, as Dr. Jacob informed me, to avoid passing through so many tissues. He considered it less liable to produce general inflammation of the whole eyeball. He also stated to me that he had very seldom met with any opacity caused by the wound of the needle in a healthy person. But he, like every operator for cataract—it matters not what form of operation is employed—will meet with cases of inflammation and destruction of the whole eye. This, as a general rule, would arise from the constitution and general condition of the patient. Two cases were related to me by one of the most careful and expert surgeons of this city, in which both eyes took on subacute inflammation and terminated in destruction of the eye, where no cause could be assigned.

Dr. Littell, whose large experience in hospital practice, during a term of service of twenty-five years, entitles his opinions to the greatest consideration, almost always performs sclerotic puncturation; and, although failure from inflammation has occurred, yet the degree of his success he considers fully to justify his practice. I have witnessed him operate upon many cases, and, as a general rule, when the patient had not been previously affected with diseased retina, his success was equal to that of any operator. Still he considers the anterior a valuable mode of operating. His success he looks upon as owing to the smallness of the needle and the cautious avoidance of all unnecessary injury to the eye; much is also due to the care and attention which he gives his patient in the preparatory and subsequent management for the prevention of inflammation. His needle is about six-tenths of an inch in length, flattened, and a little widened toward its extremity, with an angular point, and of as sharp an edge as it can be made to receive.

The proper position in the *anterior operation* is the same as in the posterior, already spoken of. The celebrated Baron Wenzel prefers that his patient should be seated in a chair.

The needle (fig. 1) is passed through the cornea, near its outer margin, and carried onward, avoiding the iris, until the point reaches the centre of the pupil, which, as a matter of course, has been dilated. The capsule is punctured with care, and then a gradual abrasion of its surface made, working chiefly upon the surface and gradually sinking deeper. The following passage, from Dr. Jacob's writings, shows, in a strong light, the importance of not doing too much:—"The surgeon who would succeed in restoring vision by exposing the lens to the contact of the aqueous humor, should never forget that the most formidable impediment to his success is the inflammation which follows the operation. A notion very generally prevails, which I cannot but call a mistaken one, that it is necessary to place the fragments of the lens in the anterior chamber to accomplish their solution and absorption. The inexperienced operator may rest assured that, if he adopts such practice indiscriminately, he will have reason to repent of it. I have frequently had an opportunity of witnessing the solution of cataract *in situ* after the capsule had been opened, and I could, with a magnifying glass, observe, from day to day, the change in form which occurred from the removal of particles of cataract, until at last a portion had disappeared, and left a passage for the light. In such a case, I observed several times that, when a small fragment fell out of the capsule into the anterior chamber, pain and slight inflammation supervened, and continued until the particle was absorbed."

The cut (fig. 4) of Dr. Jacob's cataract needle is copied from one presented to me by that distinguished ophthalmic surgeon, and made by himself. It is a round needle, which he selected from No. 7 paper of needles; it is then curved and bent at the point, and is five-eighths of an inch in length, with the point ground off at each side. It requires considerable force to penetrate the cornea, but when once in the eye it gives great control over it. Dr. Jacob operated with it upon a case of double cataract in my presence, without any assistant to steady the eye, the needle acting like an ophthalmostat, so that he was able to rest before concluding the operation.

The after-treatment is the same as that in the posterior, and will be illustrated by cases.

Case 1. Showing some of the difficulties following the operation and how to treat them. Nov. 10, 1858. Miss S., aged seventy-two. Capsulo-lenticular cataract of left eye; lenticular in right; no vision with left; slight vision of objects through a mist with right; no cause assigned. She is lame and feeble; very desirous of obtaining her vision. After administering tonics for some two weeks and keeping

the eye well dilated, on account of adhesion between the iris and capsule of the lens, it was considered by Dr. Littell and myself as a favorable case for the small posterior needle operation, which was performed on Nov. 10, in the morning, after having taken a light breakfast and a teaspoonful solution of morphiæ sulphas. The operation was performed, as I have already described it, in the presence of my class. She bore the operation remarkably well. In the afternoon, she had some gruel given her, when she commenced to vomit, at intervals, until 6 P. M.; had pain over the forehead, and stated that she had a slight chill. She was ordered to take one grain of opium every three hours; mustard cataplasms were applied over the stomach, and mustard foot-baths.

On visiting her again, at 10 P. M., the pulse was 90—full; pain continued, but she had vomited only once since the foot-bath and the opium pills had been given. There was pain in the temple. I directed fifteen leeches around the eye and small pieces of ice in the mouth; pil. opii continued, with extract of belladonna around the brow.

Nov. 11. Pain gone; had several hours of tranquil sleep; slight nausea, which was relieved by equal parts of aq. calcis and milk, with cut lemon. 12 M.—pain again returned; applied thirteen leeches. 6 P. M.—better; has been dozing; ordered one-tenth grain of morphia; diet, arrow root, gum arabic water, milk; aq. calcis. to allay the nausea.

Nov. 12. Had a good night; free from pain. 12 M.—still improving. 6 P. M.—dull; pain in the head; directed foot-bath and one-tenth grain of morphiæ sulphas.

Nov. 13. Has had a good day; no pain; washed the eye, removing the extract of belladonna, substituting the solution of atropia.

Nov. 14 and 15. Doing well; did not expose the eyes to the light until the 18th, when she was able to distinguish my fingers when held before her. Is very much delighted; still slight inflammation, but absorption is going on slowly.

Dec. 6. Patient called to see me; has been improving ever since. When I saw her again (Oct., 1860) she was able to guide herself with the eye operated upon. The other eye has been operated upon by extraction by another; but, after intense suffering, vision has been lost in it. I found that she had a second needle operation performed upon the eye I operated upon, which accelerated the solution. There was, after the first operation, slight adhesion of the iris and a portion of the capsule. Being of a rheumatic diathesis and feeble, the true operation for her was solution, and should have been performed in both eyes.

Case 2. Miss M., aged 18 years; cataract only in left eye; no cause assigned; general health good; no preparatory treatment. The patient is desirous of getting rid of a deformity, and was willing to undergo the operation.

The color of the cataract was light gray, evidently soft. The operation was performed as usual, the capsule was opened, and the opaque lens but little disturbed, so as not to throw the fragments into the anterior chamber. No inflammation followed. In two weeks the patient returned to her home, calling twice a week to have a solution of atropia dropped into the eye, and, by the end of three months, a good round pupil was left—all the opaque capsule had been removed from the axis of vision, but not all absorbed. The two eyes did not correspond, but she was able to see, and the deformity was gone.

The slowness of the process, in some cases, tempts the operator to do too much at once, as the following case will show:—

Case 3. D. L., aged 45, a farmer by occupation, of good, robust health, is desirous of having a cataract removed as speedily as possible; it involves both the capsule and lens, and has a darkish tinge, indicating a hard centre. In this operation, I made more free with the capsule, and cut and lacerated it beyond its centre. The capsule was torn more than was intended, and caused the lens to pass in pieces into the anterior chamber, causing pressure upon the iris, which caused inflammation, in spite of free leeching, anodynes, solution of atropia, small doses of mercury, etc. Three months' constant treatment was required to cure the case without destruction of the whole eye. In this same case there is a forming cataract in the other eye, which will be operated upon when ripe, but more care will be employed. A similar case is related by Mr. Saunders, in which, in the evening after the operation, the lens advanced, even after partial depression, pressing the iris, and bulging toward the inner anthus; the pupil was dilated, and the patient now complained of a dull, heavy pain affecting the forehead. The cornea began to slough around its junction with the sclerotica in forty-two hours, and the eye

was lost, although (remarks Mr. Saunders) he had lost sixty-four ounces of blood!

Case 4. James Anderson, aged 23, a resident of Lewistown, Pa., farm laborer, was brought to the Howard Hospital by a friend.

He stated that up to 1845 he was able to see perfectly well. His mother is living; father died of hemorrhage from the lungs. Both parents suffered from weak eyes, but none of his relations were affected with cataract. The right eye first commenced to become cataractous, and soon afterward the left eye became affected.

In 1852, he was operated upon by Dr. D., of Harrisburg—the patient, however, remaining but three days under the doctor's care.

When he entered the hospital, in December, 1860, the pupil of the eye formerly operated upon was found to be well formed; but, on an ophthalmoscopic examination, a thin, filmy substance was found adherent to the upper and outer portion of the iris, only discernable when the pupil was fully dilated, and evidently the result of plastic exudation or a piece of adherent capsule. In the right eye, the cataract was smooth, of a milk and water color. All crystaline structure had entirely disappeared; there were a few striæ on the surface of the capsule. The iris acted well; light was perceived.

Jan. 1, 1861. After having been subjected to slight preparatory treatment, the patient was operated upon in presence of part of the class. Owing to the softness of the cataract, I preferred the anterior operation, lacerating the capsule but gently; on doing which, part of the cataractous fluid passed out, and, mixing with the aqueous humor, rendered the latter turpid. In such cases the proper plan is to stop at once further proceedings, as the turpidity thus produced, materially interferes with the proper performance of the operation.

The patient suffered no pain during the operation, nor until the evening, when he had considerable pain, but unaccompanied by either nausea or vomiting, indicating the approach of inflammatory symptoms, and proving that even the escape of a fluid cataract may result in inflammation. These symptoms were relieved by two dozen American leeches around the eye, a foot-bath, and opium in one-grain doses, repeated as necessary.

Jan. 3. Pain gone; slept well; still some turbidity of the humors.

Jan. 4. Anterior chamber clear; eye well dilated; nothing remaining but the capsule.

Jan. 9. Not so well; has taken cold; slight haze around the edge of the cornea; directed hydrarg. chlor. mit. gr. xx; pulv. ipecac. et opii. ʒi; pulv. fol. belladonnæ, gr. iii. M. Divide in chart. No. xx; one to be taken every two hours.

After having taken one-half of these powders, he was entirely relieved; all signs of inflammation had disappeared, and he was able to see with the eye. The portion of capsule remaining will be removed at a subsequent operation, if necessary.

COMMUNICATIONS.

Ergot; its Natural History and Uses as a Therapeutic Agent.*

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Ergot (*Secale Cornutum*) is defined to be the diseased seed of the secale cereale or common rye. Though more frequently found on this plant, yet others of the same family, the grass tribe—gramineæ—are often thus affected. In the wheat, (triticum vulgare,) for example, the spur is common, and it has been shown by the observations and experiments of Mialhe and Pareira to have the same chemical constituents and to produce a like action on the human organism. This parasitic growth possesses undoubtedly a fixed, established character on whatever plants it may be developed, not only when appearing in the grasses, where it has been observed in thirty-one species, but, also, when attacking the sedge family—the cyperaceæ—to which it is less natural. We know this must be so, from whatever source the ergot draws its nourishment, since, from recent observations, it has been established that this and all other fungi have laws of development as unvarying as those that preside over the growth of a tree or an animal. The evolution of its germs, like every other form of life, is dependent on a suitable nidus, which can afford the materials

* This article was, originally, a lecture delivered before the class of 1860, at the Long Island College Hospital. Subsequently it was enlarged and read before the College Society. This fact must be my excuse for the style of composition adopted, which has, at times, perhaps, too great an air of positiveness.

for its increase. This is presented by the ova of the grain with its store of albuminoid products. These, elaborated by the plant for the perfection of the grain, are attacked by this parasite, and so transformed by a special, vital power, that every vestige of original conformation disappears, and a new vegetative product takes its place. This product is the subject of our present observations.

It is called ergot, a name in the French for the spur of the cock; secale cornutum, horned rye, in the Latin; and Mütterkorn, or womb-grain, in the German languages; the two former names originating from its form; the last from the popular belief as to its virtues. Diverse opinions have been entertained as to its nature and mode of production.

Some regard it as a diseased condition of the seeds of the grain produced by the attacks of insects, or seeds perverted in their growth by climatic influences, as, for instance, excessive moisture conjoined with high heat.

A second view is that the ergot is a fungus, growing in the glumes of grasses in place of the ova of the grain, which it entirely supplants. De Candolle, as early as 1815, and Guibourt, in 1849, both distinguished observers, adopt this explanation.

A third view combines the two preceding, and supposes that the spurred rye is the combined product of the morbid grain and the fungus, that its power as a medicine arises from this union, but which of the two was the most important was not decided. Quekett, Léveillé, Phillipar, and others, advocate this hypothesis, in which they are followed by Pereira, Wood, and most other writers. Mr. Quekett, by extended observations, showed that a fungus, the ergotaetia abortans, or oidium abortifaciens, first makes its appearance on the young grain in the form of a mildew, which, under the microscope, is found to consist of an infinite multitude of spores, which rapidly shoot into cobweb-like filaments, interlacing in all directions, and cementing anthers and stigmas together. This fungus was thought to be mingled with the remains of the decayed seed and the product to form the substance called ergot. Now, from the most recent investigations in vegetable physiology, we must arrive at the conclusion that the fungus, and the fungus alone, is the only indispensable and special constituent of ergot. Remove this, and we have no proof that any other state of disease in the grass tribe will cause a morbid product that possesses the toxic and medicinal action of this drug. We know that the bloom of spores on the ergot, appearing like a fine dust, when sprinkled on the flowering grasses or at their roots, will produce the parasite, and that seeds immersed in water containing them become ergotted. We know that the ova perish, literally starved, and that all of their store of albumenoid products, which naturally would be elaborated into starch granules, is appropriated in the nourishment of a parasite, which, by a vital power of its own, transforms starch into oil, and from a nutritious substance prepares a poison that mysteriously causes contraction in the uterus, and, long used, mortification of the extremities. We know that no trace of starch can be detected by iodine in this new substance, as there would be, were there any of the grain remaining unchanged.

This point is rendered still more certain by the discoveries recently made and established in regard to the laws of reproduction and growth of the humblest cellular plant, or even a plant of a single cell of microscopic minuteness, that are found to be as fixed as those regulating the life of higher organizations. In fact, all life seems to begin on the same level, only differing in the extent of its development, and the germ cells that eventuate in a human being pass first through all the stages of those of a plant. By the latest observations of Kölliker, in his recent work, it appears that the male germ originates in the testis as a globular cell with a cell-wall, containing from one to twenty nuclei, and that these nuclei are the heads of the spermatozoa, which are folded up in the cell. This cell-wall bursts by the time it reaches the rete testes and the spermatozoa, which are nothing less than elongated cells, are set free. I should state that this high authority has proven that the nucleus in all cells is likewise a cell with cell-walls containing a nucleus, (nucleolus,) and that this nucleolus is supposed by him to be constituted in the same way. The female germ-cell, in as far as can be discovered, is identical with all other cells wherever found, and has a striking analogy to that from the testis. The cell-membrane is named vitellin, the nucleus germinal vesicle and the nucleolus, germinal spot. In fact, there is no essential difference in any cells, whether of growth, excretion, secretion, or reproduction. All have a cell wall, nuclei and nucleoli, and contain in their structure, especially in the cell-wall and nuclei, a protein substance that is universally present.

In reproduction the contents of the male and female cells mingle, and, at the present time, this mode of propagation is being established as the universal law of nature for every living thing. As late as 1855 and 1856, it has been satisfactorily demonstrated by Cohn* and Pringsheim† that the spores of fungi are fertilized in a mode precisely similar to that before known in regard to the ova of animals and flowering plants. The spermatozoids, first made known by these two writers, are proven to be strictly counterparts to the spermatozoa of animals and the pollen of plants. Universally the male cell has one or more filament-like projections in ceaseless motion, and this has been shown to enter the female cell wall either by its absorption or by the law of endosmosis. Then begin those changes that in one case form spores, in another a tree, in another an animal, and in another a man. Each starts from the same point—cells containing, or their nuclei and walls being formed of, nitrogenized principles—and by a life-power each individual is evolved according to his kind—first, however, passing through the stages of the inferior orders. To illustrate, the fungi belong to the lowest order of plants, the cryptogamous. Of these, on the verge of vitality, are those of a single cell, either globular or elongated; an example of which is afforded by the green scum on standing pools. A modification of this form of development is seen where the cells elongate to end in jointed filament-like prolongations, as in ordinary moulds or mildew. There is the bread mould and the cheese mould living on dead organic matter, and moulds nourished by the juices of living plants, as that causing the rot in potatoes, or that which has, for several years, destroyed the grape crop of Europe. The ergotætia abortans or oidium abortifaciens is a fungus of the same simple structure.

Now, it has been proven that all vegetation—the highest and the lowest—is dependent on a vital power seated in the cells. This life-force arises from the protoplasm or azotized principle they contain, and by its presence each cell, individually and independently, effects assimilation and nutrition, and the gross result is but the conjoined product of many cells. By the vitalism of these cells, under the influence of light, inorganic is converted into organic. Carbon, hydrogen, oxygen, and nitrogen are thrown into endless combinations, which chemistry cannot even imitate. The air and soil, gases and minerals are transformed into starch, sugar, acids, oils, vegetable albumen, fibrin, casein, cellulose, lignin, and the thousand other products of the vegetable kingdom. Thus we see that the plant, without a nervous system, affects a higher vital action than the animal, since the latter must have for its nutrition ready prepared and organizable materials, and cannot, like a plant, feed on the elements. The humble spore has a power of elaboration even greater than the human stomach. It changes starch into oil, and the nutritious grain-germ into a powerful poison, and, like every other living being, has a parentage that extends back innumerable generations.

I hope, therefore, that I have sufficiently vindicated the claims of this humble plant to a place in the ranks of the great and ceaseless procession of life that ever is passing over the stage of time.

Constituents.—The ergot is covered with a fine dust, which is the sporidia of the fungus. When examined under the microscope, it is found internally to be formed of cells containing oil. After this oil is removed by ether, a substance may be obtained by boiling alcohol, which, by Wiggers, received the name of ergotin, under the supposition that it was the active principle. Bonjean removes the oil in the way just mentioned, and from the residue makes a watery extract, which he also calls ergotin. F. L. Winkler obtained a volatile alkaloid, which he called secalin. Probably the active principle has not been isolated; yet, from our present light, I am disposed to conclude the watery preparations may contain it. At least, it is tolerably certain that alcohol is a poorer solvent than water, and that an infusion of fresh ergot rarely disappoints us. There are two principles in this drug; one the narcotic or toxical, which resides in the oil,* as we shall see, and the other the uterine motor-stimulant, which remains in the residue after it has been exhausted by ether.

As early as 1831–2, Dr. Charles Hooker, of New Haven, experimenting with the oil, gave

* In Comptes Rendus, vol. 43, 1856, and Ann. Sci. Nat. Ser. 4 vol. 5, p. 323.

† Royal Academy of Science, Berlin, Ma., 1855, and May 1856 and Ann. Sci. Nat, Ser. 4, vol. 3, p. 363, and vol. 5, p. 250.

* It is stated that the oil extracted by ether, on standing, separates into an upper and lower strata, and that these differ in their properties, the heavy kind causing uterine contraction. The want of proof of any such distinction has led us to pass over this point in silence.

it to a medical student—ʒss. at 2 o'clock; ʒi. at 3 o'clock, and ʒi. at 4 o'clock. Intense narcotic symptoms were produced that did not entirely disappear for several days. The pulse fell from 85 to 65, and then to 36, and the respiration from 19 to 8 per minute. On using the same oil, in labor, no influence was observable on the uterine contractions, but on the child that of a powerful narcotic.

He used it in six cases of labor, employing from 20 to 75 drops, and though the pains were not increased, yet "the children for a considerable time after birth had a livid appearance, and respired with much difficulty and irregularity, with the ordinary symptoms of ergotism." In the experiments of Boujean and Wright with the oil on animals, a similar train of narcotic symptoms followed, ending frequently in tonic or clonic convulsions and death. In the many experiments that have been made by others on animals, it has been shown that where abortion does not occur, yet, as a general rule, the conception perishes, and after a time is expelled.

Hooker then used the residue that remained after the extraction of the oil, and found its alcoholic power unimpaired. Bonjean's experiments accord with those of Hooker.

We conclude, therefore, that the uterine motor-stimulant power exists in the watery preparations, and the poisonous principle in the oil, but what are the ultimate elements has not been satisfactorily determined.

History.—It has been long recognized that a smut or rust in grain has been the cause of epidemics, which in different seasons have committed great ravages in Europe. Formerly, more than at present, from the surroundings of the people, filthy modes of living, bad food, the want of vegetables, and defective ventilation in their mud hovels, typhus plagues and spotted fevers were common; but there cannot be a doubt that these were rendered more prevalent and malignant by a diet of ergoted grain. This cause is rendered more palpable by the appearance of gangrene and mortification in many epidemics. The only wonder is, that these poor people, confined almost exclusively to such bread, could, any of them, escape with their lives. It must be, as suggested by Bonjean, that the heat employed in cooking, dissipates more or less the active principles of the ergot.

The oxytoxic powers of this drug have, from time immemorial, been known amongst the common people of Europe. This is shown by its vulgar name Mütterkorn or womb-grain amongst the Germans. The midwives on the Continent employed it so generally in difficult labor that its use was interdicted in France in 1774. Three years after, Dr. Desgranges, of Lyons, introduced the drug into general use amongst the profession, by published reports of its usefulness and efficacy, yet it was forgotten, until its knowledge was revived thirty years subsequently by Dr. Stearns, of Waterford, of this State. Drs. Akerly, Prescott, Dewees, Chapman, Atlee, and others, confirmed the report of its power to excite the action of the uterus, and by their countenance to its use in tedious and difficult labors, rendered its employment in the lying-in room fearfully common. With pride they looked upon it as an American discovery, and as they were enlisted in establishing its claims, and committed to the foregone conclusion that it was a safe and efficacious remedy for expelling the child, they were, of course, blind to the causes of the increased infantile mortality.

In France, Chaussier and Madame La Chapelle denied that ergot exercised any power over the uterus. In this they were followed by most of the obstetricians of Europe. Even as late as 1825 it had been scarcely tried, and the disbelief in its powers was nearly universal. Even at the present day there is the same doubt, and the properties of our drug are thought to be of a very ambiguous, uncertain character; that, perhaps, it may increase the pains when present, or on the eve of arising, but that it cannot originate uterine contractions nor cause abortions. This is folly. Ergot either has or has not a power over the uterus—it will or will not cause contraction of that viscus when extended.

This we shall discuss by investigating its physiological action.

Animals generally manifest a strong, instinctive repugnance to the ergot, and where considerable quantities are administered, the toxic symptoms are pretty uniform. These are similar to the peculiar condition called ergotism in the human subject. Loss of nutrition, impaired nervous power, imperfect circulation, especially in the extreme capillaries, muscular weakness, sometimes gangrene, convulsions, and death. The pregnant female usually aborted, and where this did not occur immediately, the conception ordinarily perished, and was subsequently expelled.

That the action of this drug is the same

on animals as on man, is shown by the experiments of Mr. Tonatt, who says, "I have for the last six or seven years been in the habit of administering the ergot of rye to quadrupeds in cases of difficult or protracted parturition. . . . The uterus has in every case responded: it has been roused to a greater or less degree of renewed action."

On man, ergot, in full doses, has a special narcotic action shown by a reduction of the pulse from 10–20 pulsations per minute—giddiness, delirium, dilated pupils, trembling, weakness, unsteady gait, a peculiar intoxication, which the peasants, living upon ergoted grain, seem to enjoy, as they would the excitement from alcohol or opium. By living on contaminated food for a length of time, the mind becomes dull and imbecile. There is formication, numbness, cramps, cold, and livid extremities. Sometimes convulsions, and speedily mortification, which commences in the extremities and passes upward. It appears as though the narcotic paralyzed the nervous system, rendering the capillary circulation feeble at first, and then finally checking it altogether. Hence, the extreme vessels collapse and dry gangrene is the result. On this property is based the use of this drug in any of the different forms of hemorrhage. Continued doses are required for some time, and a near approach at least to this peculiar ergotic condition. But as we have a safe and far more reliable remedy in the persulphate of iron, or gallic acid, we scarcely should be justified in using so hazardous an article as this would be in persistent doses.

The second property of ergot, and the one for which it is mostly used in medicine, is the power it has of causing contraction of the muscular fibres of the uterus. This effect follows, generally, within the hour, from small doses of from 20 to 40 grs., quantities that would occasion no symptoms of ergotism or any of depression of the heart and nervous system.

Mode of Operating.—The ergot, like all systemic remedies, is absorbed, and thus, through the circulation, impresses the motor tract of the spinal marrow in that limited portion, wherever the uterine nerves take their origin. The muscular organs, contiguous and supplied by the same nerves, as the bladder, for instance, are, as it has been shown, subject to the same stimulus. Herein is comprised all of the valuable virtues of this drug. It is simply an excitant of the motor nerves of a limited portion of the body.

Strychnia is analogous in its mode of operating, affecting, however, the entire motor tract of the spinal marrow, but having no influence over the nerves of sensation or the brain. Both of these drugs act centrically, and thus arouse those reflex movements, of which the spine is the special seat.

The peculiar phenomena excited by ergot have been mostly studied in connection with its medicinal employment. In from 15 to 30 minutes after exhibiting a full dose to a woman in labor, the pains become greatly intensified and without intermissions, although there are remissions for a few moments, and then exacerbations. The womb is constantly hard like a stone, and at no time relaxes. The child is crushed firmly down, does not recede as in ordinary labor, and all the soft parts of the mother are subjected to an unremitting pressure, which in the exacerbations tells with fearful energy on both mother and child. There is no peace until either the child is born or the excitability of the uterus is exhausted. After labor, the uterus condenses into a hard globe, and does not have alternate periods of contraction and relaxation. That good ergot will produce this result with great uniformity I am thoroughly convinced, from a considerable experience. It is alleged by those who grant the power of the drug to increase the natural pains or excite them, when on the eve of arising at the full period, that at no time antecedent has it any such power, and that it cannot originate labor per se. This is an important question practically and in a medico-legal point of view. During gestation, the uterine muscular fibres are increased many hundred times, and the nervous and vascular supplies are equally augmented. The fully-developed organ would feel any special stimulus more sensibly than at any previous stage, when the instruments of its appreciation are less. Obviously the nearer the uterus is to its normal size, the less likely shall we be able to arouse it to contraction, and, under the same circumstances, we shall be less likely to succeed in morbid distensions than in pregnancy, since, in the latter case, it is in a high state of vital activity, whereas when a polypus occupies its cavity the muscular fibres are merely stretched asunder by an internal force. From my experience, I am certain that ergot has a direct power to excite the contractions of the uterus at all times when distended. In some most desperate cases of flooding after delivery, where I had extreme

difficulty in staying the flow until the medicine could be procured, I have seen it in fifteen minutes produce a firm condensation of the womb, and I have left my patient with a perfect confidence that the danger from this source could not arise again.

A lady, the mother of several children, and of a delicate, spare habit of body, was taken with the most alarming hemorrhage within an hour after delivery. The labor was rapid, with only two expulsive pains. Everything was drenched with blood. It was found that the womb would not contract on the hand in its cavity, and could only be imperfectly retained in a semi-firm state by ice in the vagina, friction with ice externally, and strong compression. She passed from one fainting fit to another, in spite of brandy, which seemed to produce little or no stimulation, and, beside, it was impossible completely to stay the flow that was adding to the collapse. Two drachms of powdered ergot had no effect. At the end of two hours matters had but little mended for the better; the chief change was occasioned by a slight rallying from the stimulus of the brandy. A fresh specimen of ergot was now procured and administered, and in twenty minutes, after giving an infusion of twenty grains, the womb began to condense its fibres, and in less than an hour, by repeating the doses, the uterine globe was firm and hard, with no alternate contractions and relaxations. In another case, resembling this in every particular, the ergot had the same effect.

In both, the exhaustion was so great as to render the response to stimuli imperfect and scarcely perceptible, although given with a liberal hand; yet the ergot, in spite of the want of a disposition in the uterus to contract, caused it to do so within twenty minutes, and not only this, but rendered its condensation firm and unremitting. Surely there cannot be a doubt of a remedy that acts on the nervous centres when brandy produces little more effect than so much water.

In several instances where, from the death of the conception or the alarming loss of blood on the part of the mother, it has been necessary to hasten the miscarriage, I have rarely been disappointed in this drug. In one case I succeeded with it, where from a fœtus in a putrid condition, the gravest typhoid symptoms had arisen, as shown by a pulse of 140 beats per minute, a dusky countenance, and a low muttering delirium. The lady was advanced to about the fourth month, and although the conception had probably been dead for three weeks, as at that time she fell insensible in puerperal convulsions, yet there was no disposition to contraction in the uterus. The first prescription failed, but on the next day, the ergot was procured from a sample which I knew was good from previous trial. Within an hour its peculiar action was manifested, and this was continued by repeated doses until the fœtus was expelled.

I saw a case with my friend Dr. Davol, which was even more remarkable. A lady, four months pregnant, had become reduced to such a condition of vital prostration and inanition by persistent vomiting and purging, that her case had been pronounced by us and another practitioner a hopeless one. There did not seem to be any chance for the induction of premature labor. After continuing in this way for three weeks, first the vomiting and then the purging abated. She seemed to rally considerably; took beef tea, stimulants, &c. Improving slightly, she was taken with uterine pains, which were, however, only momentary twinges in the back for 15 or 20 seconds at a time, recurring about every hour. The typhoid state was extreme as shown by her pulse, the want of response to the stimulus of brandy in ounce doses, the ecthyma covering her body, and a bed sore as large as a quarter of a dollar over the sacrum. The os uteri was dilated, yet there was not vital energy sufficient to arouse the uterus into action. For eight hours she took a preparation of ergot with no effect. We then procured another known to be good, as we had before used from the same parcel. In fifteen minutes, after taking twenty grains, she had a marked pain, which continuing three or four minutes, forced the uterus low down into the excavation. From the want of excitability in the nervous system the pain went off, but recurred again in the same manner from a fresh dose. The lady was delivered one hour and a half after the induction of the first ergotic pain. In neither of these two cases, both of which took four drachms of ergot by infusion, were any of the narcotic effects of this drug observable, although the feeble condition of the patients was such as, in the opinion of many, to interdict its use.

I saw recently, with my friend, Dr. Gilfillan, a case of polypus uteri, where, in forty-eight hours, two drachms of the ergot was given in substance. At the end of this time, it was

found that no pains had been excited, but the pulse was reduced from seventy-four to sixty-five beats per minute, and there was experienced a dizziness, heaviness in the head, and an uncertainty in muscular movements, showing conclusively that the nervous centres were affected. As the quality of the sample of medicine we were now using was evidently deteriorated, it was changed for a fluid extract, made from the ergot employed in the last two cases before mentioned. Of this there was administered fifteen minims* every five hours, until one ounce and a half was taken. From fifteen to twenty minutes after each dose, the pain would commence, lasting for about two hours, and having that constant tension so characteristic of ergot, when gradually it would subside, as the nervous excitability became exhausted. No effect on the pulse or other symptoms of ergotism were observable, notwithstanding the use of so large a quantity of the drug—sufficient, had the poisonous principle still remained in it, to have produced the most serious consequences. Before attempting the removal of the polypus, whose pedicle was attached to the fundus, it was thought that a dose of the medicine would bring the growth more within reach, and thus facilitate its removal. On examination, we found the uterus relaxed, the neck soft and dilated, with no periods of contraction, and, in fact, the patient had been free from pain for several hours. The doctor, who very neatly and skillfully removed the polypus by torsion, stated that the body and neck of the uterus condensed themselves so firmly, that little space was allowed for manipulation, and his fingers became numb from the pressure. In his opinion, there could not be a doubt—in this case at least—of the direct and positive action of the ergot.

Therapeutical Uses.—The employment of ergot in labor has been frightfully common in this country, arising, probably, from the fact that high American authorities recommended it as an expulsive agent, both to arouse the uterus when exhausted and to increase its energy when its efforts, however vigorous, were insufficient. As in the normal process, the child could not be born without pains; it was a natural conclusion that these, when feeble, flagging or incompetent to overcome the resistance, must be stimulated until our great object, the birth of the child, was attained. It is a *reasonable* doctrine that ministers to a convenient and seductive practice, gratifies our propensity to do something, contributes to our ease, and will undoubtedly save us several hours of patient waiting. Of course, its advocates, fortified by a wonderful light from reason in the closet, never saw any harm resulting from it. They do not believe it would injure either mother or child, as though their medical creed made any difference with facts.

It was found, by M. Dépaul, that, during active natural pains, the fœtal circulation became greatly hurried, and at times could not be heard; but, during the intermissions, it gradually resumed its normal rythm. This is readily explained by the fact, that the child's blood is aerated through the influences of the mother's in the uterine sinuses, and the circulation in these sinuses and the arteries that supply them cannot go on freely when the muscular fibres are condensed. How much greater will be the danger to the child when, by ergot, the natural pains are greatly intensified and the contraction is rendered permanent and continuous? The truth of this is rendered evident by statistics.

In 1850, the Academy of Medicine at Paris, directed to investigate the influence of ergot on the life of the child, came to the conclusion that this was endangered both by compression and narcotism; in 1853, the Academy adopted the conclusions of M. Dépaul: "that, except in miscarriage, in certain labors attended with hemorrhage, and occasionally at the conclusion of natural labor, parturient women would be the gainers by the complete disuse of ergot."

In one hundred and seventy-five cases, reported by Busch, where ergot was given, seventeen children were born dead and eight asphyxiated; of eighty, by Chatto, ten were dead; of forty-eight, by Hardy, thirty-four were dead; of sixty-four, by R. U. West, nine were dead.

Dr. Stearns, who reintroduced this remedy into notice, and used it more cautiously than many do at the present day, lost his practice from a strange mortality amongst the children and a child-bed fever that followed him, like an evil genius, from door to door. There can scarcely be a doubt that one hour's ergot pain would be fatal to one-half of the infants born. They are literally smothered, since they are effectually shut out from the only source whence their blood could be supplied with oxygen. I should not deem it safe to administer the ergot in any case, unless I was quite certain

* The extract used contained one grain to the minim.

that the child would be born in four or five vigorous pains. If, after giving it, the birth should be delayed more than half an hour, it would be more prudent to conclude the labor with the forceps.

We should never use ergot as an expulsive agent—never where the pains have been or are vigorous—never to overcome impediments, as a narrow pelvis or rigid perineum—and never in a primipara under any circumstances. In cases where the pelvis is large, presentation natural, all the parts relaxed, and the previous labors short, we should give it, if from a sudden inertion of the womb the child is left pressing on the floor of the pelvis, partially out of the womb. It might not be safe for the child or mother to allow it to remain any time in this position, since the pressure might endanger the mother's soft parts, and as, more especially, the child might perish from a partial detachment of the placenta or obstruction to the circulation in the cord. Either the ergot or the forceps will be required. Should the case appear to require the instruments, the ergot may still be requisite after delivery to prevent post partum hemorrhage.

Flooding after Delivery.—In patients who almost invariably flood after the birth of each child—in all hemorrhage after delivery where the uterus is flabby and relaxed—the ergot is of inestimable value. It will, with great certainty, insure a firm contraction. In any case where we learn that the patient floods after confinement, we should give the ergot before we leave the house.

Retained Placenta.—Some give this drug to remove the placenta when retained. A moment's reflection will convince us that this is a most unjustifiable practice. We have seen that the ergotic influence causes a tonic, unrelenting spasmodic contraction of the uterus far exceeding the natural pains. We know that where the drug is not given it is a difficult matter, two or three hours after delivery, to introduce the hand and remove the placenta. It would be scarcely possible to do so, if this natural condensation was rendered sudden and permanent by this potent agent. Ergot could not displace an adherent placenta—might not overcome an hour-glass contraction; and, in the event of its failure, the difficulties of the case would be greatly augmented.

After Pains.—The after pains are often rendered more troublesome and persistent by a too lax uterus, allowing the blood to ooze freely into its cavity, when, from a diminished irritability, contraction is only aroused by the stimulus of a greater distension. In such cases, where we have a considerable show with each pain, I have found the ergot a most efficient remedy. Should the show be slight, and the pains arise more from nervous irritability, opium and camphor are indicated. The ergot would aggravate such a condition. With both, too great a show and nervous irritability, ergot and opium conjoined would be found to answer the purpose. The union of these two remedies would not be improper, since the opium acts on the brain, and the ergot on a localized portion of the spinal marrow.

In Placenta Prævia.—Ramsbotham recommends this drug, for the purpose of holding in check any excessive discharge, until the os uteri shall be sufficiently dilated to admit the hand for the purpose of turning. If we have rightly comprehended the action of this ergotic power, the hemorrhage could scarcely fail to be augmented, and the version of the child be far more difficult; perhaps impossible, without undue violence. From the knowledge we have of the styptic virtues of the persulphate of iron, even in the wounding of considerable arteries, it would, undoubtedly, if pressed against the exposed placental vessels, effectually stay the flow of blood for the time. The iron could be easily and thoroughly applied through a specuum by means of lint.

Ergot in Collapse.—It is stated by Beatty, Griffin, and Barker that where there are evidences of great depression of the heart and nervous system, as shown by syncope, collapse, and a feeble or scarcely perceptible pulse; the ergot should not be given until this condition has first been removed by the use of the opium. It is asserted that the sedative property of the medicine would tend to prevent reaction, and directly and positively augment the prostration. Now, it is a fortunate circumstance, that as we suppose, the narcotic and ecbolic principles can be separated, and we can produce one effect or the other at our pleasure; since, in debility, we wish to avoid any approach to ergotism, although the emergencies of the case may call imperatively for increased uterine contractions. In no one case have any symptoms of a narcotic action been observed where the infusion, or the fluid extract, have been administered. Hence,

we conclude that in these forms we may use this medicine in the most profound collapse, and in any case, as in polypus or hydatids, for many days in succession.

Hemorrhage during Gestation.—The ergot could not be admissible at any period during gestation for restraining uterine hemorrhage, since in moderate doses it could only act by causing contraction, and the induction of this condition would be almost sure to produce miscarriage.

To Induce Premature Labor.—Good ergot has undoubtedly the power to originate uterine pain, and it has been used for the induction of premature labor in cases where the pelvis is so contracted or deformed as not to admit of the passage of a full-sized child. By the tables of Ramsbotham and Hoffman, it appears that of thirty-eight children, prematurely born under the ergotic influence, twenty-seven perished. This practice should not be imitated where the child is viable, and there is a possibility of saving its life without endangering that of the mother. But, when the death of the conception, or other sufficient reasons, in regard to the safety of the mother, render the removal of the fœtus imperative, then the ergot affords us, probably, the safest means for this purpose, since the pains, from the imperfectly developed muscular structure of the uterus, cannot be excited to a degree that could endanger any of the soft parts of the mother; and, more than this, the child's head would be readily moulded into a form suited to the passage.

Polypi, Hydatids, etc.—In all cases where the volume of the uterus is increased by any structure loose in its cavity—as hydatids—the ergot should be used for their expulsion, and in the case of polypi, the same remedy affords us the only means we have of bringing the morbid growth through and beyond the os uteri, so as to render its removal by torsion or ligature possible.

The dangers to the mother at the full period, from the negligent use of ergot, are a rupture of the body or neck of the uterus, rupture of the perineum, and injury to the bladder. The walls of the uterus at this stage are more than an inch in thickness, forming a hollow muscle equal in tension and cohesion to any other in the body. I can scarcely believe that any medicine, which merely calls out its excitability, can induce such violent contractions as to make a breach in its structure. We have no analogies to lead us to such a conclusion. The most powerful tetanic spasms, whether from disease, or poisonous doses of strychnia, never produce any such result; and where persons have suddenly and powerfully exerted themselves, the tendons have been known to give way, sometimes a few of the muscular fibres, but it must be a rare occurrence for a powerful muscle to be completely torn across. More than this, rupture of the uterus is less frequent in primiparous women, where the resistance would be the greatest. I cannot but think that all cases of this accident in the body or fundus of the womb must arise through a softened condition of its structure from disease, and would occur, whether ergot was given or not; at least, it is well known that most of the cases were in persons with a deformed pelvis, who had, on previous occasions, been delivered with instruments. I have seen four instances of this sad and melancholy conclusion to labor; two in my own practice, and two in that of others. All had been confined from two to four times, and all had one or more times been delivered with instruments. All were in the first stage of labor, the os uteri high up, and the pains insignificant and of a cutting character. In none was any medicine given, and in many cases, which happened in my presence, the rent took place during the absence of the pain; in one by sitting up in bed for a drink, and in the other on getting out of bed. In all there was a sharp projection of the promontory of the sacrum, unlike its natural rounded contour, which greatly encroached on the capacity and outline of the superior strait. During the latter months the womb and its contents, no insignificant weight, must have rested on this projecting ledge. The pressure might cause softening, or even death in the tissue, precisely as we observe in bed-sores, or in ulceration of the heel in fractures; more especially would this cause be operative, if the woman by a fall, misstep, or riding on a rough road, should cause the womb to strike forcibly on this projecting point, so as to bruise or cause ecchymosis into its tissue. The subsequent pressure would then be far more likely to cause softening. One of my cases seemed to date from the giving way of a night chair, which brought the woman with force to the floor. A post-mortem could not be obtained, excepting in the case just mentioned, and it was shown on dissection, that the ruptured portion was sphacelated, and near by was another point unbroken, through which the finger readily passed. In this and all the other

cases, as was determined on introducing the hand for the purpose of turning, the solution of continuity was on the posterior face of the uterus, at the junction of the neck with the body, in a transverse line, so that the os was partially detached in the form of a ring.

Rupture of the Neck of the Uterus or the Perineum.—The conditions under which the neck of the uterus and the perineum are placed are far different. Their tissues must be distended, and their fibres frayed out and elongated before the child can pass; and we know, by experience, that alternate periods of tension and rest accomplish this object in the most satisfactory manner; but should the child be pushed suddenly and forcibly forward, a rupture would be very apt to occur just before the dilatation was complete. The rent in the neck will generally commence on its free edge and extend longitudinally, or a rim of the os might be torn off. The capacity for resistance of these parts, thus thinned out cannot be compared to a powerful muscular structure more than an inch in thickness, that condenses itself at each pain.

The Action of Ergot on other Pelvic Muscles.—If ergot is a motor-stimulant to the uterus, by exciting the spinal marrow at the origin of the nerves of motion in a specified portion, it follows, that other muscular organs contiguous and supplied by the same nerves should be also under the influence of the same remedy. On this ground it may be used in paralysis of the bladder or its neck and spermatorrhœa, where this arises from muscular atony. Dr. Mitchell, one of the council of this Institution, has attained the best results from its employment in this class of cases. Prof. Barker states that he never knew it to fail in retention of urine after labor.

A gentleman, æt. 35 years, had paraplegia on the right side several years since. He has less command of the leg on that side and a partial loss of sensation in the fore-arm and hand. Sometimes, frequent and irresistible calls to pass urine, that cannot be restrained, will torment him for several days; at other times, for many hours, he is in pain from his inability to evacuate his bladder, when suddenly the flow will commence, over which he now has no command. In this case there was evidently a want of muscular power both in the bladder and sphincter, alternating with a spasmodic condition. Fifteen drops of the fluid extract was administered four times daily, until one ounce and a half were taken; when the medicine was discontinued, as now his relief from this annoyance was complete. Since his improvement dated from the commencement of this treatment, and nature with her expectant modes had never come to his relief in eight long weeks, the result was ascribed to the peculiar action of ergot. In this case no evidences of a narcotic impression were observable, either by a reduction of the heart's action or unwonted sensations at the nervous centres.

Ergot in Menorrhagia.—The ergot has been much given in menorrhagia, and in all other morbid conditions of the uterus, attended with a bloody discharge, as, for example, polypi, fibrous tumors, ulceration of the os uteri, malignant growths, etc. So also in other forms of hemorrhage, hæmoptysis, hæmaturia, et cetera, the same practice is recommended and instituted by several writers. As before remarked, this drug can only act beneficially in arresting any form of internal hemorrhage through its narcotic principle, and to attain this end it must be persevered in until evidences of ergotism are shown in a reduction of the pulse and the supervention of abnormal symptoms in the great ganglionic centres. For this purpose we could not depend upon any preparation deprived of the oil, and in truth the oil would be the one alone fitted to fulfill the indications. Since, however, we are in the possession of more reliable and far less hazardous remedies, we should be scarcely justified in using one that may produce the most lamentable results.

The Ergot for Female Diseases.—The ergot has been employed through an obscure idea of its specific virtues for almost every disease peculiar to females; amenorrhœa, dysmenorrhœa, leucorrhœa, uterine and vaginal, and gonorrhœa, both of the male and female; yet, we need hardly to remark, there are no known properties in this drug to render it of the least avail in any diseases of this character. Since we build our foundations on facts, and have little time for beliefs, opinions, and the dicta of writers, we shall thus briefly dismiss this head of our subject, with the hope, however, that this word specific will ere long be banished from our nomenclature, and that every man in the ranks of our great and noble profession will ever have a reason for the faith that is in him, established on such a basis; notwithstanding it has been scoffed and sneered at as empirical, we shall hold fast to all established truth which now

and ever will be found impressed with the seal of Nature, unchanging and eternal.

In conclusion, we will briefly recapitulate the main points, deduced from the data hitherto presented.

1st. The active principles of ergot are the products of a plant, the oidium abortifaciens. These are peculiar to it, and are in no wise more dependent on the grain-germ, than any plant is on the soil that affords it nourishment.

2d. These principles—not as yet isolated—are, probably, two in number; one of which, contained in the oil, produces narcotic symptoms, and eventually gangrene; the other, remaining in the residue after the extraction of the oil, acts by stimulation on the motor tract of the spinal marrow at that limited portion whence the uterus and contiguous muscles receive their nerves of motion.

3d. The oil is alone efficacious in any form of hemorrhage, excepting in that from enlarged uterus, and we can only look for favorable results when the system has been brought under its influence, as shown by a narcotic impression on the brain snd heart.

4th. So hazardous a treatment cannot be countenanced; since we possess other remedies of known virtues, not only more reliable, but unattended with any risk.

5th. The watery preparations, which, lacking the oil, can be given many days in succession, will act on the motor tract of the spinal marrow, but will not induce ergotism or other evidence of a narcotic poison.

6th. Ergot of good quality causes the uterus to contract with great certainty whenever its cavity is distended, either by a fœtus or a morbid growth. These contractions are tonic and continuous, with periods of remissions and exacerbations.

11th. Hence, this remedy may originate uterine pains at any period of gestation, or cause the expulsion of clots, hydatids, or any other unattached substance.

12th. Likewise, after labor, it will check an excessive flow by closing the mouths of the bleeding vessels through a condensation of the muscular fibres of the uterus. In relaxed conditions it will be, on the same principle, beneficial in after-pains attended with a copious show.

13th. Since we know of no other mode by which ergot can immediately arrest hemorrhage from the pregnant uterus, it should be avoided in all cases where a hope still remains of saving the conception, and its agency invoked only when the fœtus is dead or the safety of the mother becomes our first duty.

14th. In premature labor, induced by ergot, or in labor at the full period, where this drug is given, the child's life is jeopardized in all cases, where for a considerable period previous to the delivery, the uterus is thrown into violent spasmodic action; since thus the supply of oxygen will be most effectually cut off.

15th. Where the child is viable, the ergot should never be used as an expulsive agent to increase pains, already powerful, or overcome resistance from the soft parts of the mother.

16th. It may be required in cases of inertia of the uterus where, with all the parts relaxed, we are quite certain, both from the present appearances and the history of former labors, that the child would be born in four or five vigorous natural pains.

17th. The dangers to the mother from the use of ergot, arise from the uterus thus stimulated, rupturing the unyielding parts in its transit. Thus the neck of the uterus, the bladder or the perineum may receive serious injury.

18th. Rupture of the uterus could hardly occur, excepting in a diseased organ.

19th. A premature fœtus from its small size and the yielding nature of the cranial bones could scarcely, under any uterine effort, cause damage to the soft parts of the mother.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 43, 1860.)

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Continued from page* 366.)

If, then, it be demonstrated that in some cases, ovariotomy has wrested women affected with ovarian tumors, and incurable by any other means, from impending and certain death, and if it be even proven that the number of patients restored to life and health by these means, exceeds that of the victims of this surgical intervention, what should we conclude as to the legitimacy of this operation?

We know very well what a great difference of opinion there exists in regard to the solution of this question. But if the reasons that have induced one party to proscribe the extirpation,

are compared with those advanced by the other who justify it, we shall readily perceive that the two sides have, for the most part, endeavored to defend principles of a very opposite nature. The opponents of the operation have particularly in view to maintain the confidence and credit of those surgeons who have for motto, *Primum non voceri.*

To authorize an operation so hazardous, which throws upon the operator the responsibility of the immediate death of the patient, whose life was not very manifestly compromised, is to encourage for the consideration of the surgeon a pernicious practice, that no success can justify. We readily comprehend that, if placed in this light, the scientific body representing and consecrating legitimate docrines in France, should, as it has done, proscribe an operation undertaken by foreign surgeons with the most incredible and compromising levity. The defenders of the operation, on the contrary, have made it appear that its general effects are to convert a miserable and worn-out existence into a long life blooming with health; contending that such advantages should outweigh many inconveniences.

"You who condemn ovariotomy," they say, "under the pretext that it hastens the death of some patients that might still have lived for a while, do you not daily perform analagous operations, in consequence of which many of the subjects succumb? Nor are you always any more sure of being able to accomplish the operation you undertake. On the contrary, you sometimes know beforehand, and almost to a certainty, that if the patient does not die with the effects of the operation, a metastasis of the disease will soon destroy him.

"Is not," say they, "this the case when you apply the knife to cancerous tumors of the neck, the axilla, the face? Besides, you cannot always remove these tumors entirely, because the radices of the disease often penetrate into inaccessible regions. When the operation has been achieved, do you not find many patients that survive but a few moments? and though their diseases condemned them to certain death, they might still have languished during a space of time that nothing would enable you to determine with certainty. When you amputate members for chronic osseous lesions, when you tie large arteries for aneurisms, do you not expose patients to death, whose days have not been numbered?

"Compare the results afforded by these great operations with those furnished by ovariotomy, and you will find the advantages not always on your side."

They urge, further, in favor of their doctrine, that each new extirpation of an ovarian tumor affords new instructions; that a greater precision in diagnosis, and the improvements introduced in operative manipulations, have had the effect already of diminishing the ratio of mortality, and will still more diminish it. Farther, they add, there has happened to ovariotomy what the history of medicine demonstrates to have happened to many other great operations recognized at present as very useful. They were rejected at first, tolerated with suspicion afterwards, and accepted only when the evidences of their advantages vanquished the repugnance which innovation always inspires.

Between these contrary opinions, the arguments in favor of which we have not exhausted, but which indicate a too positive decision on one part, and on the other a too evident sympathy, for certainly a very bold operation, a third party of moderation has arisen. It counts numerous representatives outside of France, and a few inside, who, regretting the excesses that have been committed in the practice of ovariotomy, think that in many cases the operation has been wisely resorted to, and that it still remains as an extreme resource. They believe that the perspective of the danger, to which it exposes the patient, should not efface from their minds the remembrance of the benefits it has often produced, that could not have been realized by other means. If these are circumstances that warrant this heroic measure, we should endeavor to have them specified, and all our efforts should be employed to determine in what conditions resort may be had to the extirpation of tumors of the ovaries. However difficult it may be to trace the limits of this field of action, we may, at least, endeavor to indicate the way followed by those who profess to consult alone the safety of the patient, and who fear excess of temerity, no less than too much timidity.

INDICATIONS OF EXTIRPATION.

The determination of the indications of extirpation constitutes perhaps the most important part of the question discussed. The few surgeons in France who have admitted that in exceptional cases this operation might be resorted to, have not as yet endeavored to fix the conditions under which it would be authorized.

Foreigners even have enriched the science more by the observation of the cases operated upon, than by any exposition of their doctrines in regard to the operation. I shall attempt to determine the indications, (I hope to be pardoned for this bold undertaking, in consideration of my object,) in receiving, as the point of departure, the scattered opinions put forth on this subject, the mode of development of the different forms of tumors of the ovaries, the influence exercised by these on the health, the appreciation of the surgical resources generally employed, and especially an attentive examination of the history of persons on whom extirpation has been effected. These are the conditions, the existence of which it seems proper should be plainly and fairly demonstrated, in order that ovariotomy should become a legitimate and efficacious means of safety to the afflicted, and to the surgeon an undertaking which neither to his conscience nor to his consideration, would give anything to fear from any consequence that could follow.

1st. The disease should depend *solely* upon the presence of a tumor of the ovaria, *cystic* in character.

2d. All the means of cure, *less dangerous than extirpation*, should have been put in requisition in vain.

3d. The health of the patient must be sufficiently compromised so as to induce the belief *that death is certain and near*.

Let us examine these different conditions. The first to be demonstrated is that the gravity of the disease depends *solely* upon a cystic tumor of the ovaria; we must ascertain that there exists no serious affection, independent of this organ, and must assure ourselves by a minute examination that the patient offers no sign of pulmonary tuberculization, organic lesion of the heart, stomach, or uterus, no symptoms of diabeti, of Bright's disease, or cancerous affection, etc. The greatest difficulties will depend upon the last two affections.

As ascites and anascarca frequently coexist with ovarian tumors, it will be very important to endeavor to determine whether dropsy, not encysted, when found, is a consequence of the pressure of the tumor, or whether it is independent. We must never in these cases neglect to examine the urine on other causes.

The nonexistence of cancerous cachexia should especially be demonstrated; and this is not always easy.

The possibility of the translation of the disease to the other ovary, or of its development in other organs under cancerous influence, has often been considered as an objection to ovariotomy. But this was more in view of the theoretic idea, which caused tumors of the ovaries often to be considered as cancerous. In practice it is rare to see the feminine organization become infected with cancerous degenerescence, where the ovaries are the point of departure. We find, with but rare exceptions, in the accounts of autopsies of women who have died with ovarian cysts, whether naturally or by surgical interference, that other organs have been found affected with cancerous transformations.

Without wishing in any manner to prejudge the nature of heterotrophic affections of the ovaria, we may, however, premise that the origin of these is due to a special aptitude of this organ, to become the germ of errors in nutrition, the most singular and varied, and without analogy elsewhere, but which more frequently have no action on the general organization other than by their mechanical presence. If, however, in concomitance with an ovarian tumor, we should recognize, either before or after puncturing, an induration of the mesenteric glands, or that there exists a cachectic taint, we should take these as a contra-indication to extirpation, even as a dernier resource.

Occasionally, though rarely, death has resulted from cancerous degenerescence of the remaining ovary or other organ, after a supposed cure by an operation. The following is a striking example:

Case 3. The 30th August, 1858, Dr. Hutchinson performed ovariotomy on a woman excessively emaciated, æt. 40 years. The tumor dated from eighteen months, and had been twice punctured during the two months preceding the extirpation. The rapid decline and the cachectic coloration of the skin led to the supposition of the existence of an ill-conditioned affection. For six weeks this woman had not been able to quit her bed. The tumor was evidently composed in part of solid masses, and had otherwise a very irregular form. In the fore part was a cyst of large dimensions, evidently fluctuating.

The diagnostic signs were in no ways doubtful; the tumor was a cyst composed of sacs filled with fluid, and of solid substances. In the presence of these symptoms, there was nothing to hope from injections of iodine. The left

ovary was diseased, and the whole left side of the abdomen was dull, the right side giving, on percussion, an exaggerated resonance. The woman, though informed of the danger attending its removal, desired to be relieved of her burthen.

She entered the Free Metropolitan Hospital. An incision was made along the *linea alba* from two inches below the umbilicus, to within two inches of the *ossa pubis*. A smaller incision would not have been sufficient to let pass the degenerated mass. Many adhesions were separated, and without much difficulty, causing no effusion of blood. The pedicle, though short, was seized and fixed within the wound. The incision was closed with silver sutures. This woman recovered rapidly, and now, seven weeks after the operation, has good health, and is becoming plump. It is worth remarking, that the earthy color, before the operation, so intense, is beginning to be replaced by a more natural coloration of the skin.

The extirpated tumor was a polycystic mass. In the fore part was found a sac containing about 9 lbs. of liquid; behind it were discovered a large number of cysts, smaller, but of various dimensions. This sample presents the whole series of pediculated polycystic degeneresence. At certain points the thickness of the walls of the sack attained almost an inch.

This satisfactory result was published seven weeks after the operation; but some time later, Dr. Hutchinson gave out that this woman had died from cancerous cachexia. He has not indicated the time of the woman's death, nor the form of cancerous development, but as the existence of the diathesis was evident at the time of the operation, a contra-indication to extirpation might have been obtained from the symptoms of the case.

At times, however, there exist no signs of cachexia, as intimated by the general physiognomy of the patient. The operation is performed, and the patient, cured of the tumor, afterwards succumbs at an indefinite period with degeneration of some other organ. But in those, however, very uncommon cases, in which the ovarian tumor is of such a nature as after extirpation to induce a propagation of degeneration to other organs, it proceeds very rapidly, and the patients generally die in the space of six months or a year.

We could offer no better proof of the rarity of such secondary attacks in females who have had the good fortune to survive the dangers consequent to the operation, than the following: Dr. Simon has examined all the operations performed in Germany, and has arrived at the deplorable conviction that, in his country, 44 women have been lost out of 55 operated upon. All these have died within a few days after the operation; but of the 11 recovered women, 10 were still living in 1858; 2 had had children; the eleventh died of cholera, some years after the operation. Now, at the date of M. Simon's publication, 1858, there had elapsed since the operation in the first 7 cases of cure at least 8 years; in the three last 7, 6 and 2 years; and these three women were still "*très bien portantes.*"

Not wishing to draw a conclusion from the statistical account of this learned gentleman, who is very positive in opposition to extirpation, we may assure ourselves that the propagation of degeneresence of the ovary to other organs is the exception, and in no way constitutes the rule, as is sometimes contended for. From these results we may predicate the principle that a very long period is not necessary to expire before we can draw the conclusion that a permanent cure has been effected.

(*To be continued.*)

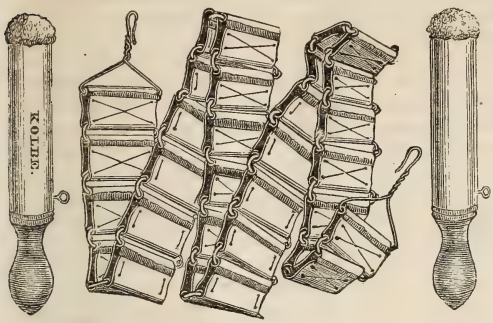
A Valuable Improvement on Pulvermacher's Patent Hydro-Electric Chain Battery, by Chas. E. Hackley, M. D., Resident Physician of Philadelphia Hospital.

By H. Earnest Goodman, M. D.,
Resident Physician of Wills Hospital.

Dr. Hackley, while Resident Physician of Wills Hospital, a few months since, was induced from the almost daily use of the Pulvermacher Chain Battery by the Attending Surgeon, and its constant liability to get out of order, to invent a simpler one. After several trials he succeeded in producing a chain battery, the simplicity of construction of which, its cheapness, and the production of a continuous current of considerable intensity with very little liability to get out of order, renders it far superior to Pulvermacher's patent, and for which Dr. H deserves the thanks of the profession.

The original chain batteries made by Dr. Hackley (of which the cut is an exact representation) are flat chains, three feet long, $\frac{3}{4}$ inches wide, numbering about forty links, each link consisting of a copper and zinc plate, interposed by a piece of thick cloth of the same size, and fastened together by strong thread.

The links are connected by copper wire, the last one having a hook by which it is attached to an eye on the outer surface of the "conductors," when the chain is in operation.



The metal tubes or "conductors" are of brass or copper, with wooden insulating handles.

When wanted for use the chain is dropped into a bowl of common distilled vinegar, allowed to remain for a few moments until the cloth between the plates becomes saturated; it is then taken out and hooked to the conductors, in the ends of which a piece of sponge moistened with vinegar or water should have been previously placed; when by grasping the conductors at their insulating handles it can with facility be applied to any part of the body.

The Hackley Chain Battery has been used with decided benefit by Dr. Hewson, Surgeon to Wills Hospital, in the treatment of many cases of opacity, pustule, or ulcer of the cornea, corneitis, and some forms of mydriasis, occurring in that institution.

It is due to Mr. Kolbe, to whose kindness I am indebted for the above cut, to say that he is able to furnish the Hackley Chain Battery at a very limited expense.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC.

Service of Dr. Jos. Pancoast.

EXTENSIVE INJURY OF THE HAND FROM THE DISCHARGE OF A PISTOL THROUGH THE PALM.—CONSERVATIVE SURGERY.

A man, on New Year's day, had a pistol discharged through the palm of his hand, so as to entirely comminute the metacarpal bone of the ring finger, and lay open completely the palm of the hand, stripping off the integuments from the middle finger, and leaving the hand quite bare, as though it had been opened with an axe.

The metacarpal bone of the little finger was dislocated and thrown entirely out of its articulation. The metacarpal bone of the ring finger was taken away, and the phalanges with it. As the skin had been removed by the explosion, from the inner covering of the middle finger, the integument to cover the part was taken from the outer side of the ring finger, so as to make its inner surface cover the inner surface of the large finger, thereby transplanting the natural integument from one finger to another.

The fact should always be borne in mind, that the skin of the hand is so vascular that it can be transplanted from one place to another almost anywhere on its surface.

The metacarpal bone of the little finger was returned to its proper position, and the ligaments have united.

Dr. Pancoast referred to a case he operated upon last year, (see Reporter, Vol. IV., page 81,) where, in an extensive injury of the hand, completely crushing the first row of wrist bones with their metacarpal bones and phalanges, leaving the thumb, but without a socket, he placed the metacarpal bone of the thumb into the socket originally intended for the os magnum, in the hope that nature would form a new articulation. The result has been that an imperfect articulation has been formed; the thumb keeping its mobility, though the case has been lost sight of for some months, and there is now probably more motion of the new articulation than when the patient was seen last.

INJURY OF THE HAND FROM THE BURSTING OF A GUN —AMPUTATION AT THE WRIST.

Another case of injury was presented, in a man who, from the bursting of a gun, had received an injury of the hand. It was so torn and lacerated, that no portion of it could be saved, and amputation was performed the day after the injury, at the wrist joint.

The integument to cover the stump was taken from the back of the hand, which was very scant, being just sufficient to conceal the ends of the bones; but in cases of this kind, the tissues are held so firmly that there is not so much retraction as after an amputation in the middle of the forearm, and therefore less material is necessary than in other amputations, and a scanty flap will suffice. The parts were united with a few sutures and adhesive strips, and the flow from the blood vessels was arrested by acupressure after the plan of Simpson, of Edinburgh. Generally, on the fourth or fifth day the pins can be taken out.

Dr. Pancoast has used these pins repeatedly,

and has not yet been troubled with any secondary hemorrhage. There has been no hemorrhage in the present instance, and no covering has been put on the end of the stump. The patient is doing very well and will have the whole length of the forearm.

CONGENITAL PHYMOSIS — OPERATION AFTER THE MANNER OF RICORD.

A young man presented himself with congenital phymosis. Prof. Pancoast, after describing the various methods of the operation of circumcision, stated that he would perform his operation in this case with Ricord's new instrument. It consists of a peculiarly shaped pair of forceps, working with a spring and intended to confine the prepuce in front of the glans, and at the same time protect it.

The prepuce being pulled forward, the instrument was applied and two or three ligatures passed through the prepuce, which was then shaved off in front of the instrument.

The apparatus was then loosened, and the mucous membrane divided with a pair of scissors. The stitches were then fastened, which completed the operation.

WILLS HOSPITAL.

Service of Dr. Morton.

Reported by H. Earnest Goodman, M. D.—Resident Physician.

CAPSULO-LENTICULAR CATARACT.

John B., a strong, hearty fellow, æt. 23, from Lebanon county, Pa., entered Wills Hospital January 8th, with capsulo-lenticular of the left eye. It is nearly five years since he became blind by it.

He cannot trace any assignable cause for the cataract, but said that blindness came on in one night. A year ago he was a patient in this hospital, and was treated for mydriasis of the right eye.

January 9th. Dr. Morton performed the operation of division through the sclerotica (sclerotonyxis) on the left eye.

The patient's pupil having been previously well dilated with a solution of atropiá sulphat., (g. iii to f℥i.,) a knife needle was inserted through the sclerotica about two lines from the outer edge of the cornea, just below the equator of the eyeball, to avoid the ciliary artery, and carried forward in front of the lens, the capsule of which was spread over the anterior portion like a curtain, and so tough that it was impossible to cut through it without displacing the lens; the remainder of the cataract was soft and easily cut up by light successive strokes of the knife.

A large portion of the divided lens was thrown into the anterior chamber.

The anterior part of capsule will, in all probability, have to be extracted by a subsequent operation.

The after treatment consisted in placing the patient in bed a few days, keeping him on a nourishing but unstimulating diet, and applying ext. belladonna over the brow, and sol. atropiæ in the eye once daily.

January 10th. Patient slept well; some little pain in the eye and forehead followed the operation, but no sickness of stomach. Eye not at all inflamed, scarcely congested, and the pupil well dilated.

January 12th. Patient was allowed to get up yesterday; the slight congestion has all disappeared. The patient being young, the cataract bids fair for a speedy absorption.

PTERYGIUM.

Samuel S., æt. 53, has had pterygia growing on his eyes for the last ten years. As they never occasioned him any trouble he did not think of having them removed until they began to grow over the sight.

When he first applied (January 7th) there was a pterygium on the inner side of the right eye, extending over the cornea, opposite to the edge of the pupil; while, what is unusual, (pterygium on both sides of the same eye occurred only twice to Beer,) there was a pterygium on both sides of the left eye; the inner one extending over the corner opposite to within half a line of the pupil, and the outer one extending about two lines over the outer edge of the cornea.

Dr. Morton removed these pterygia January 9th, (after first applying the spring speculum to keep the lids apart,) by seizing them about their middle with the toothed forceps, raising them from the sclerotica, and then cutting them off with a pair of curved scissors. The edges of the wounded conjunctiva were brought together by a silk suture.

January 11th. Wounds of conjunctiva have healed without any inflammation. Removed the stitches.

January 14th. Touched the conical cicatrices with a solution of argent. nitrat. (gr. xxx to f℥i.)

CASES OF STRABISMUS.

Case 1.—*Strabismus Divergens.*—Grace R., æt. 19, has had a divergent squint of the right eye since childhood, with imperfect vision. She could not read two line brevier round face. The opthalmoscope revealed only a slightly increased vascularity of the retinal vessels.

Dr. Morton performed on this case the ordinary operation for divergent strabismus. It consisted in first seizing the ocular conjunctiva with the toothed forceps, cutting it and the sub-conjunctival tissue horizontally, with the curved scissors, so as to expose the white, smooth sclerotica, then a blunt hook was slipped upward along its surface until the tendon

of the external rectus was fairly secured, which was then divided.

The after-treatment consisted in a bandage over the sound eye so as to make her use the one operated upon.

The advantage in this mode of opening the conjunctiva, is that it causes little or no separation of the divided edges, and, consequently, the wound heals by first intention.

January 11th. The eye is quite straight. The wound has healed, and the patient says her sight is improving.

Case 2.—*Strabismus Convergens.*—James B., æt. 7, has had strabismus in the right eye for two years, with a very singular rotary motion of the eyeball continually. His father could not trace the strabismus to any particular cause. The case had been operated on about a month ago without any benefit.

January 9th. After the patient was etherized, Dr. Morton performed a similar operation on the internal muscle.

January 11th. Eye perfectly straight, rotary motion of ball still continues. The wound in the conjunctiva has healed by first intention.

UNIVERSITY OF PENNSYLVANIA.

MEDICAL DEPARTMENT.

Service of Prof. Pepper.

PARTIAL PARALYSIS AFTER DIPHTHERIA.

A man presented himself at the clinic, who two months ago had had diphtheria, and is now suffering in consequence, from one of the usual sequels of this disease, i. e., a paralytic condition of the palate. The paralysis, however, is not total; it might rather be called great debility of the velum and surrounding parts, giving rise to alteration of the voice, difficulty of swallowing, etc.

The treatment should be tonic. Prescribe the following:

℞. Extract of St. Ignatius' bean, 8 grains,
Sulphate of Quinia, 30 grains,
Vallet's mass, 1 drachm,

To be made into 30 pills, of which he is to take one, three times a day, after meals. At the same time electricity is to be applied to the throat.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Prof. Pancoast.

EXOSTOSIS ON THE THUMB.

This is an affection rarely seen in this situation. Nothing can cure it but laying the part open by a free incision and cutting off the connection with the bone. These exostoses are found very frequently on the side of the big toe. They arise from the fibrous matter which covers the last phalanx both of the toe and the thumb, becoming inflamed; a deposit of lymph takes place, which becomes cartilaginous and finally ossified, so that it cannot be relieved except by opening the parts, and with a pair of cutting pliers separating the part from the bone.

SOFT, BRAIN-LIKE TUMOR IN THE VELUM PENDULUM PALATI—REMOVAL.

This is in an adult female, and the case is one of novelty. It is a tumor developed in the *velum pendulum palati*, just above the tonsil glands. The tumor has been opened twice, during the progress of its growth, by the physician in the country, where the patient resides. On one occasion it was opened without any discharge following, and a subsequent opening resulted in the discharge of some granular matter. The tumor has grown since, is now the size of an egg, and has so encroached upon the cavity of the mouth that the patient cannot swallow without difficulty. It presses down the tongue, and is in the substance of the velum.

There is a mistaken impression prevalent, Prof. Pancoast remarked, with regard to the structure of this velum. It is thought to be a very thin structure; but he had demonstrated in his lectures, that it has several bands of muscles in it, half an inch broad, and nearly a half an inch thick in their centre. There are often abscesses of the velum; abscesses of the tonsils, so called, are often abscesses of the velum. The tonsils are nothing but a set of mucous follicles. Inflammation there throws out sometimes lymph, sometimes pus, and sometimes there is inflammation on the outside of the gland, and the lymph and pus deposited without the cellular cap in which the tonsils are lodged.

When the tumor, in the present instance, is pressed with the fingers it yields, and there is little doubt that some fluid is there, or some very soft matter. But often, when a tumor seems to be filled with fluid, and fluctuates under pressure, it will be something worse than it appears, and contain a brain-like matter. This, of course, must be removed by an operation, and, if there be a cyst, it may be taken out whole with its contents. There is no hemorrhage to dread in the operation, with the power we have for arresting hemorrhage.

The best way to perform this, and similar operations, is first to get hold of the velum by means of a curved needle, armed with a pretty stout ligature. Placing the needle in a Physick's long forceps, the ligature is to be passed through it so as to hold the central portion; and then a section on each side of the part grasped is to be taken out, and if there is any solid substance within, it will be pealed out by the end of the finger.

The tumor after removal presented the following appearances:

The whole mass was found lodged in a sac larger than a duck's egg. This sac was filled with a gelatinous substance, which was believed, at the time of the operation, to be of the nature of a muco-cellular or muco-fibrous tumor.

The sac must have been in close contact with the parotid gland, and as Prof. Pancoast has frequently removed such tumors from the outer surface of the parotid gland, he presumes that the peculiarity of the tumor arose from its presence by the side of the parotid gland.

The result of the microscopical examination by Dr. James Darrach, was as follows:

There were seen delicate fibres spread out as if about to form themselves into loculi, in which to lodge the gelatinous mass, just as is seen in specimens of gelatinous cancer.

Cells were observed spreading through the mass to develop themselves into fibres, looking like the trabecules of the spleen, especially of the lower animals.

The tumor was found to approach the fibro-cartilagenous structures, and not to be at all cancerous.

The cavity is to be dressed with a solution of alum, or with Monsels' salt.

EXTENSIVE MEDULLARY CANCER OF THE ANTRUM—REMOVAL OF THE TUMOR, WITH THE SUPERIOR MAXILLARY BONE AND ADJACENT BONY AND SOFT PARTS.

This is in an elderly female from the interior of the State. The affection is of some eighteen months' standing. The tumor occupies the antrum of the upper jaw on the right side, and by careful examination of some of the matter under the microscope it has been found to be soft cancer, or fungus *hæmatodes*.

These tumors of the antrum are seen in persons of all ages, probably more frequently in advanced life, though Dr. Pancoast has seen them in children, in babes, and operated on them.

They begin, usually, in the lining membrane of the antrum, a mucous membrane, over the outer surface of which, between it and the bone, runs a plexus of nerves, many of which go to the incisor teeth.

In elderly people this antrum is a large cavity, and being bounded inferiorly by the alveolar ridge, which disappears when the teeth disappear or are removed, there remains often but a very thin structure, indeed, below the lower wall of the antrum. If there is a chronic inflammation of this membrane, giving rise to deposits, it will, at first, be accompanied with pain, by involving the plexus of nerves over the outer surface. The first intimations of this disease are excessive pains in the cheek bone, coming on periodically, for some reason that we do not understand.

In the present case, these pains were thought to be toothache, and one tooth after another was extracted, until all the teeth in the upper jaw were removed. But the pain continued. After a while an opening took place in the mouth, near where one tooth had been drawn. Sometimes, indeed, these diseases of the antrum arise in consequence of disease of the inner lining or socket of the tooth.

From this opening, there is a sanious discharge, excessively offensive, and passing into the nostril. There is constant and continuous pain, and the disease has extended high on the jaw, and very probably the absorbent vessels have gradually taken away the bone, so that there may be no bony wall at all. In addition to this the disease has involved the masseter muscle.

There is anchylosis of the jaw, and the patient's mouth constantly open. It is one year since all the teeth have been removed.

The only chance to cure this case is to remove the whole diseased mass.

Whenever the disease has not surmounted the boundaries of the cavity, there is a good chance of effecting a cure; for the operation can be made entirely beyond the boundary of the disease; but when it has involved the periosteum and is contiguous with the substance of the cheek, it almost always returns and finally destroys the patient.

Various methods have been advised for performing the operation; a favorite one is a V shaped incision. Another is sometimes made in the shape of the letter N. In the present case, where there will be a difficulty in removing all the diseased portions of tissue, the object will be best accomplished by means of a V shaped incision, with the apex down and the base upwards.

The operation was then performed by making an incision in the vertical line, across the face, over the orbicularis muscle, and over the angle of the mouth, cutting the facial artery; the other incision was made from near the inner canthus of the eye to that part of the lip over the canine tooth. When the parts were exposed, the orbital process of the malar bone was divided. After separating the nasal process of the upper maxillary bone, the roof of the mouth was divided with a chain saw, and the palate bone separated from the velum. During the operation, the masseter muscle was found to be diseased, and part was cut away; the malar bone and part of the zygomatic process, belonging to the temporal bone, had to be taken away. Many of the branches of the internal maxillary artery were cut across, but the main trunk was not interfered with. The disease involving the coronoid process of the lower jaw, a part was

removed, cutting across the tendon of the temporal muscle.

The infiltration of cancerous matter extended into the internal pterygoid muscle, and its origin in the fascia between the pterygoid plates in the pterygoid process of the sphenoid bone. This was scraped out and the hot iron applied to the parts.

Jan. 5th. The patient has had no fever, and rested pretty well at night, though a little uneasy.

The wound united everywhere by the first intention.

The periosteum which lines the lower portion of the orbital cavity, having been taken away on account of its morbid appearance, this gave rise to some inflammation, which produced œdema of the lid.

The sutures have been taken away and a pad has been placed in the mouth to fill out the cheek, until nature shall have overcome the necessity for such a resort by the organization of plastic matter, which will be effused from the surface of the wounds made in the operation.

The patient has been allowed beef tea and milk punch. It is important to bear in mind that in these cases supporting treatment is generally necessary.

All the lines of incision about the face were curved, not only because the deformity would be thereby diminished, but also because there is less power of the muscles to draw open the sides of the wounds, than if the parts had been divided in straight lines. Another object gained is, that by these means every portion of the skin can be properly adjusted, and the natural position of the two flaps restored, which is necessary, in order to avoid paralysis of the face, which might otherwise ensue; for, in these operations the nerves of the face are necessarily divided; but if they are very nicely approximated, there will be little or no interruption in the transmission of the nervous influence.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

An Elementary Treatise on Human Anatomy. By Joseph Leidy, Professor of Anatomy in the University of Pennsylvania, etc., etc., with 392 illustrations. Philadelphia: J. B. Lippincott & Co. 1860. pp. 663.

This is a neat volume of 663 pages, the execution of which reflects great credit on the publishers. As far as it goes, it is an excellent compend of human anatomy. There are, however, already too many such hand-books, or, as they might be called, elementary toys.

From one occupying so prominent a position before the scientific world as Dr. Leidy, the profession had a right to expect a thorough treatise, which should attain to the dignity of a standard American book. The anatomical chair of the University of Pennsylvania has furnished two valuable treatises upon the subject, those of Wistar and Horner, which at the period of their issue were elaborate productions, reflecting honor upon their distinguished authors.

Although we regret that Dr. Leidy has not aspired to make the present work an exhaustive treatise on human anatomy, still it is well suited to present in a concise manner the most prominent facts of this branch of science.

Among some of the exceptionable points in the work we may notice the following. The doctrine of *free cell-development* retains a place undisturbed in the introductory chapter of the work; this doctrine is no longer tenable in the present state of histological science.

The chapter on the development of bone, does not communicate very satisfactorily even what is known of the process, in consequence of the absence of all detail; while the subjects of *aponeuroses* and *fasciæ* are dwelled upon in so loose and meagre a manner that it is impossible for the student to obtain a definite and satisfactory knowledge in regard to them.

The attempt to anglicize the nomenclature of anatomy we consider as one of the weakest features of the work. It is not carried out rigidly and consistently, and for this reason, instead of simplifying the study, will add still more to the confusion of terms already existing.

Beside, every inducement should be held out for the study of the ancient languages to those who aspire to the learned professions, and the classic terms of anatomy, the same among all civilized nations, form, like the symbols in chemistry, a bond of union among the learned of all nations, which we would be loth to see destroyed by the establishment of a nomenclature peculiar to each vernacular.

In concluding this necessarily short notice we must call attention to one marked feature of the work—its illustrations. They are among the best that we have ever seen, and the large number of one hundred and nine are from original drawings, mostly microscopic and histological. Some of them are really gems, both as regards fidelity to nature and artistic execution.

New Exploring Expedition.—A scientific expedition is about leaving France to explore Southern Siberia, and particularly that portion contiguous to the Amoor. It will be headed by Dr. G. Meynier and M. Louis d'Eichthal; and a commission has been appointed by the Paris Academy of Sciences to draw up instructions for the expedition. A new expedition to Central Africa, in search of Dr. Vogel, is being prepared in Germany. Committees for the promotion of this undertaking, which promises to become a national one, have been formed in different places in Germany.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 19, 1861.

CORONERS' LAW.

With all the blessings and benefits of democratic institutions, there are some evils peculiar to our mode of government. Fortunately, however, they are not irremediable. They are not necessary parts of the fundamental organic constitution of our laws and institutions; but, to use the gardners' phrase, suckers that have shot up from the roots, and climbers that have, in luxuriant abundance, entwined the branches and twigs of our national tree, simply because we have not taken sufficient pains to use the pruning knife. In this way it has happened that the climbers and suckers in our political vegetation have, in some instances, attained such enormous growth as seriously to cripple and dwarf the healthy growth of the tree, and even to endanger its life.

The Coroners' Laws, as they exist with more or less uniformity in all the States, are in this sad condition, and not a day passes which, were we inclined to adduce examples, would not furnish striking instances of their crippled and dwarfed state. The duties of coroners, as defined in our statute books, are stated in terms so general that, beyond the mere formalities of procedure, everything is left to the discretion and intelligence of the coroner. While he is authorized, in cases where he deems proper, to have a post-mortem examination made, the necessity and propriety of such a measure, indispensable in all cases of sudden death, is left to his judgment; while the law allows him to call to his aid physicians to make an examination, it is left entirely to his discretion whether he will call in men capable of determining important medico-legal points, or ignorant quacks. It is for this reason that so many blunders have been made, until the community has almost become accustomed to look upon a coroner's inquest as little more than a juridical play, ordinarily a farce, but sometimes terminating in a drama, the chief end of which is to fill the purse of the coroner, the *quasi* theatrical manager, who is always in for his benefit.

The real difficulty lies, as has been repeatedly pointed out, in the circumstance that the office of coroner having become limited to determining the causes and criminal or accidental nature of sudden death, or death not sudden, but in which, from the peculiar circumstances of the case, no cause can be assigned, as in persons found dead, the old law does not provide for the appointment of proper men to the office.

With the slender knowledge of pathological anatomy possessed, even by physicians, three or four hundred years ago, and the state of physiology, anatomy, and chemistry then, regarding medico-legal questions, it was not very important whether the coroner was a medical man or not. Medico-legal questions were determined, so to speak, by the rational signs, and the physiognomy of death, while Madame Gossip played even a much more important part in the formation of a verdict than she does now. It was not necessary that the coroner should be a medical man, nor, indeed, that physicians should be at all consulted, in an age when the bleeding of the wounds of a dead man, in the presence of a suspected person, was taken as damning proof that the latter was the murderer.

At present the position of the coroner to the community is one entirely different. Not only have deaths by violence, involving the question of criminal neglect and carelessness, or premeditated criminal intent, become more frequent, but their discovery is rendered more difficult, on account of the more subtle agencies which the advance in science has enabled the felon to use for his purpose, and the improved means of escape; while, at the same time, the more enlightened administration of criminal law demands more full and satisfactory proof of the guilt of a prisoner or his innocence.

Under these circumstances it is of the utmost importance that the first examination in cases of sudden, unaccountable death, accompanied with even the slightest suspicion of foul play, should be as intelligent and thorough as possible. Innocent parties may thereby be saved from suspicion, or, what is worse, a false indictment and trial, which, though they be acquitted, will be a curse upon their whole life; while, on the other hand, the guilty will be less apt to escape discovery.

But, to attain this object it is necessary that the coroner, upon whom rests the responsible duty of standing between the living and the dead, for the safety and protection of the one, and as the avenger of the other, be a medical man. The questions involved at the present day, in every case subject to a coroner's inquest, are such as cannot be properly understood and duly investigated, except by medical men of a sound and thorough scientific education.

For this reason, we think it proper at this time, when the Legislatures of the various States are in session, to call the attention of the profession to the importance of doing all in their power to induce an entire re-organization of our coroners' laws upon a basis in accordance with the spirit of the age and the object of law and humanity. We would suggest that the Legislatures appoint committees to confer with similar committees appointed by the State Medical Societies. In this manner, we doubt not, required changes could be brought about speedily, and it would not be long before we would see the salutary effects.

But, aside from the juridical aspect of the case, the re-organization of the coroners' laws upon a true basis, and the appointment to this responsible office of competent physicians only, would be followed by most valuable contributions to science. What a mass of valuable scientific material, in a general, scientific, and medico-legal point of view, is now thrown away, which, under the hands of observing physicians, would enrich the annals of science, contribute, perhaps, to the solution of questions yet in obscurity, and thereby, in the end, facilitate the ends of law and justice. We need only point to the valuable investigations of Dr. Boisliniere, coroner of St. Louis, on sun-stroke, during his public service, to show the immense loss which accrues directly to science and indirectly to the commonwealth, because the law does not make it imperative that competent men only should fill a position—at once one of the most responsible in the administration of the law, but now looked upon as one of the most contemptible in the gift of—not the people, but—wire-pulling politicians.

SPIRIT OF THE MEDICAL PRESS.

The Atlanta *Medical and Surgical Journal*, in its January number, has an article in which it favors secession and advocates the disruption of the American Medical Association into two sectional halves. It says:

"It is in medicine as in religion and politics; so long as we are contented with being tributaries, and tamely submit to the most unreasonable fanatical dogmas, all is well; when these cease, war commences."

We do not know, and doubt whether any one knows, what "*unreasonable fanatical dogmas in medicine*" any section of the Union has been asked to submit to by another section. But this much we know, that the Atlanta *Medical and Surgical Journal* will forever hereafter be identified with the Quixotic attempt of making SCIENCE SECTIONAL.

The New Orleans *Medical News and Hospital Gazette* hopes for the continuance of the Union. The St. Louis *Medical and Surgical Journal* takes a similar position. The Nashville *Journal* also.

There is no danger of a disruption of the American Medical Association. Medicine is cosmopolitan, and in spite of the Atlanta *Journal*, the day will never come when science will be made subservient to the interest of selfish demagogues.

OWING to a revision of our weekly mortality table, by which we hope to render it much more valuable, we are obliged to omit it for this week. Although this number contains more reading matter than usual, still a great deal has been crowded out.

WE CALL attention to Prof. Chapman's elaborate and exhaustive paper on Ergot. It will be read with interest. The subject is one of great importance to the general practitioner.

SUBSCRIBERS will please be particular, in dating their letters, to give in full the town, county, and State, in which they reside. In many instances we have been put to much inconvenience in searching through the mail book for the names of subscribers who have neglected to date their letters properly.

PHILADELPHIA SUBSCRIBERS will please notify us when they change their residence.

Correspondence.

THE ETHER PATENT.

Messrs. Editors:—In the last number of the Reporter, you copy an editorial article from the *N. A. Medico-Chirurgical Review*, alluding to the late refusal of the Patent Office to renew the patent granted to Drs. Morton and Jackson for the anæsthetic use of ether. I know but little of Dr. Morton personally, or of his conduct in regard to the patent, but from the manner in which his claims and his character have been endorsed by most of the leading men in the profession in this country, I cannot think him deserving of the obloquy which the article alluded to tends to cast on him.

The editor of that journal says:—"It is strange, passing strange, that Dr. Morton, after having achieved so wonderful a discovery, should have been so insensible to his fame as to seek for a patent right. Poverty is a thousand times preferable, under such circumstances, to the most inexhaustible riches extorted from the groans of the people."

In relation to this, I have only to say, in extenuation of Dr. Morton's course, that, at the time of the discovery, he was *not a medical man*, but a practicing dentist, who was not amenable to and knew nothing of medical ethics. His age was but twenty-four years, with but slight experience in the world, and he probably comprehended no other method of, with certainty, securing to himself the credit of the discovery. His object, in obtaining the patent, was certainly not to restrain the use of the anæsthetic—as is evident from the unrestrained use of ether during the fourteen years of the valid existence of the patent—but to enable him to retain the discovery under his own control whilst perfecting it; for, at that time, the use of complicated inhaling apparatus was considered essential.

Should Dr. Morton have succeeded in getting a renewal of his patent, there is no reason to think that he would have attempted to restrain its general use more than he did under the first issue of the patent. But it would, I think, have been, under the circumstances, a justifiable means of compelling the *government* to recompense him for the losses incurred in making and promulgating the great discovery, by paying for the privilege of its use in the army and navy, after his appeals for compensation were rejected by Congress, for I agree with the editor of the *Review* that "it is a burning shame upon our country and upon the age, that our national legislature has not made him a liberal compensation for his great and inestimable services."

The refusal to renew the patent was, it will be noticed, merely on technical grounds; in equity, Dr. Morton had the same *right* to a second patent that he had to the first. The formality which was wanting was the signature of Dr. Jackson to the application for the extension, as his name was associated with the original grant. As Dr. Jackson had many years previously assigned to Dr. Morton all his share in the patent, it is not to be wondered at that he was not interested in its renewal. S.

MEDICAL EDUCATION.

New Jersey, Jan. 7th, 1860.

Messrs. Editors:—Much has been said in the Reporter in reference to raising the standard of medical attainment, but nothing have I seen which appears to me satisfactory or practical. To prevent individuals from entering upon the study of medicine who are incompetent, not only in an educational point of view, but also in a moral, we must stop them before they have invested any capital. This may be done, not by leaving it with the physician, who may have intimate friends or relations wishing to enter his office for study, whether fit or otherwise, but by appointing a Board of Examiners in each State, whose duty it shall be to examine each individual, morally as well as educationally, before he shall have commenced the study, or have entered the office of a physician. A certificate from such a Board should be required by every physician before he acts as preceptor. This would relieve the physician of all responsibility, and prevent him, as might occur in some instances, taking students for mercenary or other purposes. It is folly to think of stopping an individual from continuing his study who has already occupied much valuable time in so doing, and also spent considerable money. Yours, W.

CHILBLAIN.

Messrs. Editors:—Having used the adjoined formula with really remarkable success, I have thought that it might not be without profit to your readers:

℞. Ferri per sulph. (Monsel's solution,) say f℥j.
Tinct. iod. } aa. say f℥j.
Lin. saponis, }

The quantity of each article to be directed, of course, by the indications of each particular case.

Before applying the liniment, which may be painted with a brush, or applied by wrapping up the toes with saturated raw cotton, the feet are to be held for two or three minutes in cold water, and next rubbed into a glow with a coarse crash towel.

James E. Garretson,
1537 Chestnut street, Philada.

NEWS AND MISCELLANY.

A Curious Method of Relieving Retention of Urine.—Dr. T. C. Madison, in his contribution to the recently published medical statistics of the United States Army, from 1855 to 1859, mentions the following curious incident:

"A half-breed Indian who had stricture from gonorrhœa, and had suffered at times the greatest agony from inability to urinate, was brought to me. Before being brought to me, he had given an Indian doctor his only horse in order to effect micturition. This was brought about, I am credibly informed, by suction, with the lips applied to the penis! After a few mouthfuls of bloody urine, the bladder was relieved of its enormous distension, without further difficulty, for the time being. I found it almost impossible, at first, to introduce the smallest sized bougie or catheter, but he is now perfectly well, and can himself introduce a large catheter, without difficulty."

The Skeleton of the Race Horse Eclipse.—The skeleton of this famous stallion has been recently purchased for the museum of the Royal Veterinary College of London, at the cost of about five hundred dollars. As Eclipse was, from his speed and endurance, the finest horse ever known, the skeleton is valued as the model specimen of the framework of blooded horses. When the animal died, his body was scientifically dissected, and a full account of the developments has been published.

Cost of the Cattle Disease in Massachusetts.—The Boston *Transcript* says that the amount of money paid to the owners of cattle slaughtered by the Commissioners on the Pleuro-Pneumonia, is about $38,000. The extra session of the Legislature, convened to consider the matter, cost about $19,000, making the whole expense of stopping the ravages of the disease about $52,000. The Commissioners are confident that the malady has been eradicated.

Children's Hospital of Philadelphia.—During the past year one hundred and twenty children were accommodated in the wards, and one thousand four hundred and eighteen were attended as out-patients.

Imitation of Butter.—The London *Chemical News* states that hundreds of barrels of the clarified fat of horses are imported from Ostend to England and sold in London for genuine butter.

Yale Medical College.—The commencement exercises of the Medical Department of Yale College took place on Thursday evening, January 10th.

A Statue of Sir John Franklin, in bronze, is being produced by Mr. Bacon. It is to be erected at Spilsby, Lincolnshire, the birth-place of the lost explorer.

The Digger Indians.—A California correspondent of the *Inquirer*, says:—"Grasshoppers are held by the Diggers in about the same gustatory estimation with which oysters are regarded by civilized *gourmands*. For winter use, they are carefully sun-dried and kept; while for immediate consumption, or eating "in the shell," they are crushed into a pasty mass, and eaten with the fingers. Acorns, formed into paste, are also eaten with like attention to the etiquette of the table."

Reduction of Dislocations with the Aid of the Local Application of Chloroform.—M. Orliac attributes to the employment of chloroform, applied by means of compresses over the muscles concerned in resisting reduction, the great facility he experienced in overcoming the difficulty he had met when using the ordinary means. He reports several cases of success. In two cases, the quantity of chloroform employed was from 10 to 12 grammes.—*Amer. Med. Monthly.*

Early Pregnancy.—A case is related by Doctor Blane of "a girl about fourteen years of age, (not married,)—she had no appearance of puberty; no mammæ; pubic region, that of a little girl; vulva more spare than I ever knew in any case; and yet she was delivered, after a natural labor of four hours, of a fine healthy-looking boy, weighing nearly ten pounds. The child has, of course, to be nourished artificially.—*Transact. State Medical Society of N. J.*

Chloroform in Congestive Chills.—Dr. H. L. Byrd, in the *Oglethorpe Medical and Surgical Journal*, believes that the inhalation of chloroform during the cold stage of the fever, or in a congestive chill, so as to make a decided impression on the system, is one of the best remedies known to the profession. He has tried it with great success, and predicts the future easy management of the terrible congestive chills of the South.—*Nashville Jour.*

Tetanus produced by the Sting of a Wasp.—The N. O. *Med. Journal* reports the case of a negro boy, aged eleven years, who was stung on the eyelid by a wasp, and on the next day tetanic symptoms occurred which soon increased to much severity.

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☞ We receive, in payment of subscriptions, any funds that are current at par in the section of country from which such moneys are forwarded.

MARRIAGES.

Le Conte—Grier.—On 10th inst., by the Rev. Henry A. Boardman, D. D., John L. Le Conte, M. D., to Helen S., daughter of the Hon. R. C. Grier.

Glazebrook—Bender.—In St. Joseph county, Ind., Dec. 18th, by Rev. Wilson Beckner, Dr. Lorenzo D. Glazebrook, of San Piérre, Ind., to Miss Adaline Bender, of St. Joseph county, Ind.

Wescott—Noyes.—On Tuesday, 15th instant, by Rev. M. A. De Wolf Howe, D. D., Robert Wescott, M. D., of Scranton, Pa., to Miss Hannah L. Noyes, of Philadelphia.

DEATHS.

Beecher.—On the 29th of December, 1860, at the residence of his daughter, Lebanon, Pa., Dr. C. Beecher, in the 65th year of his age.

This veteran practitioner commenced the practice of medicine early in life, and continued, almost uninterruptedly, in the same until within a few years of his death, when the ravages of rheumatism, to which he had been a martyr for the greater period of his life, compelled him to retire, only, however, to spend his few remaining days in increased suffering and pain, which finally proved fatal. The earnestness and perseverance with which he devoted himself to his profession, early procured him an extensive practice, the laborious duties of which he was ever ready to discharge. The community in which he so faithfully labored, as well as the cause for which he so long and nobly battled, have indeed lost a devoted friend and admirer, whose memory will never cease to be green in the hearts of the former, and whose example will long be venerated by the followers of the latter. Peace unto his ashes.

Phillips.—At Bristol, Pa., Jan. 1st, 1861, after an illness of three weeks, Dr. John Phillips, in his seventy-first year. Dr. Phillips graduated at Nassau Hall, Princeton, N. J., in the autumn of 1808, and soon after entered the University of Pennsylvania as a student of medicine, where he graduated, with all the honors of the institution, in March, 1812. Shortly after, he opened an office at Bristol, where he has been a remarkably successful practitioner for nearly half a century. He was ardently devoted to his profession, and for many years had the largest circuit of any physician in Bucks county. Remuneration seemed always to be of minor consideration; the distance and darkness of the night were of little consequence to him. To the last he was a warm friend. For thirty years he has been looked up to by physicians in Bucks and the border parts of Philadelphia county as almost the only prominent consulting physician in this section of country. Of latter years he has gone much into New Jersey, not only to Burlington and Beverly, but into the interior of the State.

In the death of Dr. Phillips, the community has lost a counsellor and the poor a friend. P.

Answers to Correspondents.

Dr. H., Eden Centre, N. Y.—All right.

Dr. J. A. E. R., Pa.—We can furnish the numbers you want, and will send them soon. You can, if you wish, send the duplicate numbers you have, in exchange.

Dr. W. V. and Dr. J. G., Penn'a.—Vaccine virus will be sent soon.

☞ *Subscribers who send for vaccine virus should always inclose stamps to pay the return postage.*

COMMUNICATIONS RECEIVED.

Delaware—Dr. H. F. Willis, (with encl.) *Georgia*, Dr. V. H. Taliaferro. *Indiana*, Dr. L. D. Glazebrook, Dr. T. P. Bicknell. *Iowa*, Dr. F. H. Buck, (with encl.) *Illinois*—Dr. D. M. Vosburg, (with encl.,) Dr. E. A. D'Arcey, (with encl.) *Kentucky*—Dr. J. S. Seay, (with encl.,) Dr. T. W. Foster, (with encl.) *Massachusetts*—Dr. C. B. Smith, (with encl.,) Dr. C. E. Buckingham, Dr. A. Chapin. *New Jersey*—Dr S. Wickes, Dr. J. K. Pitney, (with encl.,) Dr. L. A. Smith, (with encl.,) Dr. J. N. Woodhull, (with encl.,) Dr. J. Sheppard, (with encl.,) Dr. J. B. Potter, (with encl.,) Dr. S. M. Skinner, (with encl.) *New York*—Dr. Eli Fox, (with encl.,) Dr. C. D. Mosher, Dr. E. P. Clarke, (with encl.) Dr. W. Landt, Dr. C. E. Halsey, Dr. O. C. Payne, (with encl.,) Drs. Berry and Campbell, (with encl.,) Dr. Le Roy McLean, (with encl.,) Dr. S. P. Church, (with encl.,) Dr. C. G. Bacon, (with encl.,) Dr. W. Kilmer, Dr. M. R. Carson, (with encl.) *Ohio*—Dr. McNichol, (4,) Dr. W. Bunce, Dr. E. Sterling, W. E. Chapman, Dr. B. F. Richardson, (with encl.,) Dr. Dr. W. H. Taylor, (with encl.,) Dr. W. T. Brown, (with encl.,) Dr. J. Graham, (with encl.) *Pennsylvania*—Dr. W. Voss, (with encl.,) Dr. D. Hunter, (with encl.,) Dr. G. Klinefelter, (with encl.,) Dr. L. M. Osmun, (with encl.,) Dr. T. Mabon, (with encl.,) Dr. J. H. Wilson, Dr. A. C. Murdock, (with encl.,) Dr. H. L. Freas, (with encl.,) Dr. W. S. Kohler, (with encl.,) Dr. W. Herbst, (with encl.) *Washington, D. C.*—Dr. C. E. King, (with encl.)

Office Payments.—Drs. Smith and Batdorff, [Pa.,] Dr. Isaac S. Mulford, [N. J.,] A. Bolton, Dr. Gebhard. By Mr. Swaine: Drs. Griffin, Paist, Granger, W. Daniels, Moore, Shapleigh, Leach, Pennybaker, Gilbert, Gibbs, J. R. Bryan, Page, Hornberger, Deakyne, Benner, Mintzer, Shippen, B. Price, C. H. Taylor, Dr. W. C. Roney, [Pa.,] Dr. J. McMullen, [Pa.,] Dr. W. B. Wynne, [Pa.]

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 223. } PHILADELPHIA, JANUARY 26, 1861. { NEW SERIES, VOL. V. NO. 17.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.,

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 36.

Oral Region, (concluded.)—The roof of the mouth or *hard palate* consists of symmetrical parts included within the alveolar arch; the elements of which are bone, periosteum, mucous membrane, submucous or connective tissue, palatine glands, blood-vessels and nerves. It separates the mouth from the nose, constituting the floor of the latter; a dense, white, medial line, running antero-posteriorly, forms the *raphé*. Its commencement behind the front incisors is marked by a depression, the *foramen incisivum*. A few transverse ridges are situated anteriorly. The height of the hard palate varies very much in different individuals. The skeleton of the region is formed by the horizontal plates of the superior maxillary and palate bones, the union of which is opposite the raphe, and is effected by a simple roughening of the approximated surfaces, forming a variety of suture, technically called the harmonia. A transverse suture crosses the posterior part of the hard palate, uniting the anterior margins of the palate plates of the palate bones with corresponding processes of the maxillary bones. The mucous membrane covering these plates is pale and dense, and is firmly connected to the periosteum by the submucous layer of fibrous tissue. It is in this latter that the palatine glands are lodged. They are racemose in form, and confined for the most part to the posterior two-thirds of this region.

Arteries.—The *superior palatine* descends from the internal maxillary, reaching the hard palate through the posterior palatine foramen and passing along a groove which commences close to the posterior union of the alveolar process with the palate plate, is distributed in the submucous tissue, and anastomoses with the spheno-palatine in the anterior palatine canal. Small branches reach this region also from the facial and alveolar trunks.

Nerves.—These are derived from the fifth pair, and the ganglion of Meckel. The anterior palatine branches reach the hard palate alongside of the artery, and are distributed much in the same way, communicating in the foramen incisivum with the naso palatine.

Practical Remarks.—The depth of the hard palate will influence much the permanency of the dental apparatus. There may be congenital deficiencies in which the two halves fail to unite from arrest of development. This may be conjoined with similar clefts in the lip and soft palate. Or there may be an absence of the incisive bone, associated with the want of the middle of the superior lip; or there may be a cleft on either side of the os incisivum, the latter being in a great measure insulated from surrounding connections, at least along its margins and pharyngeal extremity. In these instances the mouth and nose communicate freely with each other. Such a condition interferes with the nutrition of the child, the milk escaping from the nose. The plastic condition of all the textures of the face, osseous as well as others, will suggest the propriety of a properly applied pressure, which tends greatly to diminish the existing gap. Even the early operation on the fissure of the lip will, by the tension resulting from the approximation of the edges, considerably narrow the palatine chasm.

The hard palate may also be perforated by scrofulous and syphilitic disease, and sometimes by pointed instruments being thrust into the mouth.

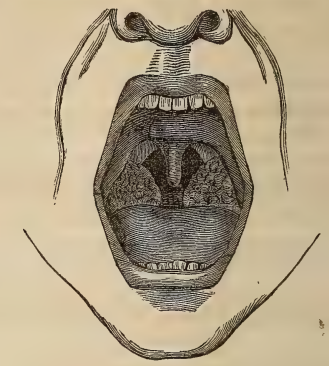
All these may be closed by the ingenuity of dentistry, contributing greatly to the comfort of the patient. The mucous membrane of the hard palate is so dense and firmly adherent as to be inadequate for purposes of closing these chasms. In removing one maxillary bone from the other, the *raphe* should be incised, as it conducts to the palatine suture, where the bones unite.

In catarrhal affections of the mucous membrane of the nose, the roof of the mouth is occasionally itchy, and the tongue is rubbed against it to relieve the sensation. The communications between the anterior palatine and naso-palatine nerves explain this. The mucous membrane is acutely sensitive immediately around and in the incisive foramen. Fractures of the hard palate are not attended with much displacement, there being no muscles attached.

Morbid growths, either from the antrum or nasal cavities, may force the palate down by being developed in that direction. Wounds of this part of the mouth sometimes bleed very profusely, in consequence of the unyielding nature of the tissue in which they lie, not contracting upon the vessels, nor allowing the latter to contract from its connection with their walls. For the same reasons it is almost impossible to attempt the application of a ligature. Pressure, or the actual cautery, will prove the most effectual agents in such cases. Farriers not unfrequently abstract blood from horses by pushing a knife into the substance of one of the transverse bars so prominent on the hard palate of this animal. I have seen, in more than one instance, a hæmorrhage from this method of bleeding, which came very near proving fatal to the animal. The anterior bars are in the horse subject to hypertrophy, and which is removed by feeding on hard food, such as corn in the ear. Inflammation of the mucous membrane of this part of the mouth is attended with much suffering, from its unyielding nature.

Fauces.—Stretching across the upper part of the posterior part of the mouth is a membranous fold, "the *soft palate.*" From its centre hangs a little process, "the *uvula;*" descending from either side are two crescentic folds, becoming widely separated as they descend "the half arches, or *palatine pillars,*" and between these, on either side, are situated the *tonsils* (*amygdalæ.*) This space, bounded above by the soft palate, below by the tongue, and on either side by the arches, forms the *fauces.* It is a narrow communication between the mouth and the pharynx. It is a most interesting portion of the alimentary apparatus, liable to painful and dangerous morbid affections. Fig. 32 will exhibit these

Fig. 32.



several parts. The tonsils seen on either side are, however, much too large to convey a proper idea of their normal dimensions, having been taken from a subject in which they were greatly hypertrophied. Let us examine the elements of these parts with some detail.

Soft Palate.—It consists of symmetrical parts, composed of muscular, mucous, connective, aponeurotic, and glandular tissue, blood vessels, lymphatics, and nerves.

The muscles are the *levator palati* and *tensor palati.* The first arises from the petrous part of the temporal bone and the posterior margin of the Eustachian tube; descending, it is inserted into the palate. The latter arises from the scaphoid fossæ at the root of the pterygoid process of the sphenoid bone, also from the spinous process of the same bone and the fore part of the Eustachian tube. It descends from these attachments, and, forming a tendon, is reflected around the hamular process on the end of the internal pterygoid plate, and is inserted into a crest on the palatine plate of the palate bone. It is but a short distance exterior to this tendon that the main trunk of the palatine artery reaches the hard palate.

Uvula.—This consists of two muscles, called azygos or motores uvulæ, which are connected to the spine of the hard palate at one extremity, and hang free at the other. The position of the uvula should be particularly noted as just above the root of the tongue, but not in contact with it.

Arches.—The anterior is formed by a few muscular fasciculi, called the *palato-glossus,* extending from the soft palate to the side of the

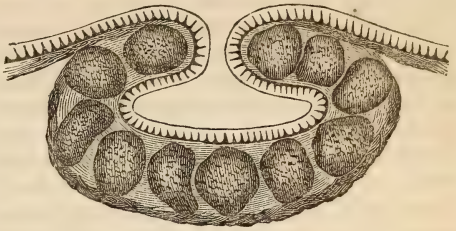
tongue; the posterior arch by similar fasciculi extending from the soft palate backward, and downward to the pharynx, and called the *palato-pharyngeus*. All of these parts are inclosed in mucous membrane, which is connected to the muscular constituent by connective tissue, rather loose in its texture, and in which are lodged a large number of glands. The mucous layer, it should be also noted, is continued over the forementioned part, behind from the floor of the nasal fossa, and in front from the hard palate, near both of which regions it is much paler and less vascular than in the more dependent parts.

The *glands* are very numerous, and closely associated, on the anterior surface of the soft palate and uvula. The *aponeurotic* element of the soft palate and uvula, upon which its strength depends, is a framework derived from the tendinous expansion of the tensor palati muscles and the fibrous tissue of the surrounding bones. The posterior nares open into the pharynx, immediately behind the soft palate.

Tonsils, (*Amygdalæ.*)—These are situated on either side of the posterior part of the tongue in niches between the anterior and posterior palatine arches. If healthy, they should not project to the free margin of these arches. Their surfaces present a reticulated appearance. In shape, they are hemispherical, the surface presenting to the fauces, convex; the other rests against a fibrous layer, "the *pharyngeal aponeurosis*," which separates these "organs from the constrictor muscles of the pharynx, against which again rest the great internal carotid vessels of the neck. The tonsils, if enlarged, may be felt by pressing a finger just beneath the angle of the lower jaw.

Composition.—They consist of an aggregation of compound follicles, such as have been described at the posterior part of the tongue, and which are connected to each other by a fibrous bond, and surrounded by a common capsule of the same, mingled with which are some muscular fibres derived from the superior constrictor of the pharynx. Fig. 33 exhibits one of these follicular glands, and which will be found to be made up of the following constituents:—First, a number of closed capsules, averaging about one-eighth of a line in diameter, supported and embedded beneath, in a layer of connective tissue, having a flask shape, and covered on their superficial surface by an inflexion of the mucous membrane with its ordinary papillæ and epithelium. The capsules consist of an envelope of connective tissue, homogeneous in

Fig. 33.



its appearance, and containing a fluid the reaction of which is alkaline, in which float certain forms of elements, such as free nuclei and cells. Experiments prove that the capsular contents contain no mucus; at least no evidence of such a precipitate appears on the addition of acetic acid.

Blood-vessels.—The *inferior palatine* from the facial; *palatine* branches from the internal maxillary; *tonsillitic* and *palatine* branches from the lingual and ascending pharyngeal—are all concerned in supplying the velum, uvula, arches, and tonsils. In regard to the latter, the vessels pass in between the follicles, and finally spread over their surface in a beautiful plexus.

Veins.—Some empty into the pharyngeal; some into the facial, below the jaw; and others into the internal maxillary.

Nerves.—These are received from the middle and posterior fillaments of the *inferior palatine* nerves which descend from Meckel's ganglion. They can be traced into the papillæ of mucous membrane, but not in the membrane of the elementary follicles. They have likewise lymphatics.

Practical Remarks.—Congenital defects are noticed in the soft palate, such as arrest in development and the consequent failure in the union of the two halves, leaving a fissure or gap between. This may exist in various degrees, from a simple notch in the uvula to the entire separation of the soft palate; or it may be associated with a cleft in the hard palate, and also the upper lip.

Among the most troublesome operations in surgery, is that of freshening and uniting the edges of the velum in cases of cleft. The part is extremely sensitive. The chief difficulty, however, will be at once appreciated by considering the connections of the circumflex muscles

already described. These being reflected around the little hook processes at the end of the pterygoid plates of the sphenoid bone, render them very effective in dragging asunder the two halves, and thus continually straining the parts upon the stitches, the latter ulcerate through before union takes place. To avoid this source of failure, the division of these tendons has been suggested. If the reader will take up a skull and examine the extremity of the pterygoid process, he will see that the internal plate descends the lowest, and that a short distance exterior to it is the posterior extremity of the alveolar process of the upper jaw. A knife, therefore, thrust in between these two, with the edge turned toward the former, could be made to divide the tendon of the circumflex muscle with a good deal of certainty. Where this operation is performed, two practical points are very naturally suggested:—

First, the division of these tendons will be facilitated after the closure or adjustment of the fissure, for then the tension would give them some degree of prominence, which render that division more certain; and, second, the edge of the knife should be turned from the alveolar process, as it is in the notch between it and the hook on the pterygoid plate, that the superior palatine artery and nerves reach the hard palate. The introduction of the silver wire ought to make this operation more satisfactory than it has heretofore been. The posterior nares, opening above and behind the velum, will explain the titillation and disposition to gag, which may accompany a polypus suspended from the former cavities, or the secretions which flow from the nasal fossæ toward the pharynx, or the introduction of instruments which are carried through the same passages. Inspection of its posterior surface can only be effected through the sense of touch, unless the recent principle of the optic apparatus for examining the pharynx shall be so modified as to apply to this purpose. The soft palate is liable to be attacked by both syphilitic and scrofulus ulceration, especially the former. Destruction of its tissue imparts a peculiar tone to the voice, in consequence of the articulation being attempted without expelling the air from the post-palatine region. The regurgitation of fluids into the nose as a consequence of its loss, I do not think to be at all general. The Eustachian tube is between the origins of the two muscles which compose the soft palate. The hearing may, therefore, be effected by causes which, acting upon these muscles, alter the natural condition of the orifice of the tube.

The pendulous process of the soft palate, (uvula,) while it is suspended over the tongue, nevertheless, does not come in contact with its surface. Should it do so, it is the result of disease. The mechanical irritation which follows is often sufficient to develop a troublesome cough, and, if neglected, will kindle up a pharingitis or even laryngitis, which years of treatment will not eradicate. Persons sometimes complain of a constant inclination to swallow, which is generally due to an elongated soft palate.

These conditions are often treated empirically. The anatomy, as already recorded, will show what experience or pathology fully corroborates: that the elongation may be due simply to relaxation of the muscles, allowing the organ to sink down, or to an inflammatory exudation into the connective tissue, or to a morbid condition of the glandular layer. The last two will carry it down by increasing its weight and volume. Many persons are very prone to inflammatory states of this organ upon the slightest accession of cold. It is certainly an evidence of a want of constitutional stamina, and should excite at least a reasonable care to guard against every cause which may tend to implicate the pulmonary or lymphatic organs.

Not unfrequently a transparent vesicle is noticed at the extremity of the uvula. This is produced by the inflammatory exudation of serum gravitating to the most dependant part, and by gradually dissecting the mucous membrane away from the muscular tissue makes a little sack for itself. When local applications fail to restore the uvula to its proper length, operative measures are demanded, such as the removal of a portion of its substance. Some discretion is to be observed in this. Should there be simply the little bag of serum at the lower extremity, nothing more is requisite than its amputation; but, if the excessive length is due to follicular inflammation, or hypertrophy, or plastic effusion into its connective constituents, then the incision must remove a portion of the muscular tissue, equal to one-third the length of the organ. Polypi may be connected with the soft palate. When present, the attachment will be close to the posterior nares, as it is there where the organization is most closely allied to the mucous membrane of the nasal fossa.

Vertical wounds of the velum will be attended with the greatest displacement from the action of the circumflex muscles. The reverse will be the case with wounds of the uvula, from the direction of its muscular fibres. The soft palate being connected to the palate plate of the palate bone, it may be spared in cases requiring the removal of a maxillary bone, by disarticulating where those plates are attached to the corresponding processes of the latter.

Abortion in its Medical and Moral Aspects.

By J. M. Toner, M. D.,
Of Washington, D. C.

I was recently summoned to attend the sick bed of a highly-accomplished female, whose life was in imminent danger from inflammation consequent upon a recent abortion. She was so ill that consultation with one of the most eminent and experienced practitioners of this city was deemed necessary.

The abortion, too, was produced at her own solicitation by a man calling himself a doctor, and practising one of the many systems of quackery which are too often a mere cloak for their nefarious trade. This one is actually patronized by some families of respectability having faith in his theory and exclusive practice. When severe suffering and disease had sufficiently alarmed and awakened this woman, and those around her, to her real danger, and compelled her to send for a regular physician, she reluctantly made him acquainted with her true condition and its cause, and confessed the name of the man who aided her in her criminal design. But, even when she believed it impossible for her to recover, she could not be influenced by her physicians to give testimony before a magistrate that would fasten guilt upon the man and corroborate what she had told us, for we were eager to have him arrested and prosecuted.

She recovered, and we have to remain silent. Had she died, her body could have been produced as testimony against him.

Her recovery was slow, and attended with the usual penalty, a constitution permanently injured. This case, in connection with other facts of my professional experience, induces me to believe that a few remarks upon the moral and physical evils arising from the fearfully frequent practice of premature labor, or abortion, will not prove uninteresting to the profession, nor unprofitable to the community at large.

There is a wicked and very prevalent opinion pervading society, particularly certain classes, that "there is no harm or crime in abortion if it is produced before quickening." Indeed it is not uncommon for a married woman, who does not wish to have her family increased, or attend to the wants of her offspring, and thereby forego the pleasures and freedom of society, to make use of some effectual means of causing the death of the fœtus. The code of medical ethics, the high sense of honor characteristic of our profession, as well as the moral law, alike forbid us to pander to the depraved sentiments, or to succumb, for the love of gain, to the unnatural demands either of weak and erring unmarried females, or the fashionable wives, whose sole happiness seems to depend upon their being seen upon the public promenade, and participants in the desultory pleasure of ball-room excitement. We are likewise forbidden to listen to the cry of anguish and distress, of weak and confiding woman, who could rashly commit a greater crime to prevent the publicity, and hide the shame of a lesser.

No law of nature can be violated without punishment being inflicted upon the offender, both morally and physically.

If God punished Onan by death for spilling his seed upon the ground, how much more fearful will be his vengeance upon the person who not only destroys the fructifying seed but the life of a new human being? Physiologists see in the seed a complete outline of the developed plant, and seeds will germinate and produce their species when placed in the proper soil or nidus, after having lain dormant and, to all appearances, dead for thousands of years.

This fact proves conclusively that the life principle of development, though it appears dormant, is essentially inherent in, and constitutes the intrinsic value of the seed as the reproducer of its species.

The destruction, therefore, of a single seed, ovule, or germ, is the annihilation of a reproductive agent in the vegetable or animal kingdom.

Who will presume to say at what point of time existence begins in man? Morally considered, it is of no importance whether the murderous hand is raised to destroy the seed of man in its incipient germination, or in its ethereal or more refined existence, or when it is

physically matured. The period of time diminishes not the enormity of the crime, as no human tongue can name the moment when mind and matter join and dwell together. If no sparrow falls to the ground without God's knowledge, can it be supposed that he does not watch over the germ of a new being, bearing his own image and likeness, and that he will not avenge its premature death? I cannot agree with the too generally received opinion of the profession that, in practice, cases arise where both science and common sense warrant and demand that premature labor be produced, when, for instance, from malformation of the female, or from unforseen circumstances, it would be physically impossible for a child to be born at full term, and of ordinary size, in the natural manner.

This is doubting Providence, for who can tell the mother's lease of life, or that she might not die of natural causes before the end of gestation, or say that what now seems impossible may not become possible and easy? Humanity and morality will justify and true science will suggest every rational means for the delivery, but that of causing the death of the child.

What presumption to constitute ourselves judges to condemn to death, or to decide which life is the more important to preserve, or the less criminal to destroy!

Can a doctor's diploma make the greatest crime a virtue? "Thou shalt not kill," is the command of the Judge of heaven and earth. But the doctor answers, that we only destroy the life of the child to save the more important life of the mother. We may kill, but we cannot insure life; we may destroy, but we cannot create. Dr. Eve, in his address before the American Medical Association, eloquently said, that quacks promise to cure, and divines uphold them, but it is God who cures, and doctors know it.

Take the case of a deformed female, who, naturally, would be unable to bring forth a fully-developed child. The child in utero is liable to accidents, disease, and death, and the mother may be delivered of her immatured fruit. Even if the child grow to full time, and the delivery be found impossible in the natural way, then, without murdering by evisceration and mutilation, we have, whilst the child is living, the choice of the Cæsarian operation, which offers a reasonable hope to save the life of both, and certainly relieves us from deliberately and intentionally causing the death of either. This is a fearful operation, but the success which has attended somewhat similar operations for the removal of large tumors from diseased and debilitated subjects, induces the belief that the Cæsarian operation would preserve the life of both the mother and child in many instances in which the life of the latter is now unhesitatingly sacrificed. I have never seen the Cæsarian operation performed, but I know that it must be a fearful one; and yet I do not understand how a conscientious man can consent that a child's life should be destroyed in utero in preference to the effort to save both, by delivery in this way. Until the profession discountenances, in toto, the causing of the death of the fœtus in utero, under any and every plea, and at every stage of its development, we cannot speak with that boldness and positiveness against abortion (a practice, I fear, much more frequent than many of our best-informed physicians are aware of) that will insure the arrest of this secret and criminal practice.

There is not a doctor of any considerable practice in any of our large cities who is not approached for this very purpose.

Unfortunately, there are means, both mechanical and medicinal, known to females, which are frequently used, and whose effects are manifested only when it is too late to save the child. The life of the mother is in great danger.

Indeed, premature labor is not sought by females only to hide their shame of illicit intercourse. Married women wishing to travel, or to enjoy the freedom of society, either with or without the consent of their husbands, determine on abortion.

Fearful to approach her family physician for such a criminal purpose, she will go secretly to some young man just starting in his profession, in the hope that a large fee and the practice of an influential family may overcome the firmness and decision of character which ought to enable him to reject such an overture. Or, she may address by letter some one of the many quacks whose shameless advertisements may be seen in almost every paper of the present day, hardly excepting the religious ones, and she will be supplied with means and instructions how to carry out her wicked purpose. Or, if wealthy, and circumstances permit, she may visit some other city, for I believe these heartless Herods, of both sexes, are a curse found in all large cities.

The decision of the courts and the opinion of the profession have been so feebly expressed, or impotent, that many good men in the profession, and nearly all out of it, do not see and feel its criminality.

Many are restrained from its practice only by the fear of legal prosecution or the ethics of the profession, which, God knows, are both too often insufficient to prevent irregularities.

If we assume the position that we are justified in taking the life of the child to save that of the mother, where will it end? The virtuous reputation of a female in good society is almost as important as life, for the loss of it will surely cost her her position. Then may we be importuned with some show of plausibility to convert a crime into an act of charity by rescuing or shielding by a greater crime a fallen creature from a merited life of shame, dishonor, and perhaps degradation.

But a short time since, a lady, the wife of a merchant, doing a profitable business in this city, called on me in my office and said, "I wish to speak with you professionally and to know if I can rely upon your keeping the matter of consultation sacredly secret?"

"Certainly, madam, in everything that is proper in the profession or personal to yourself."

"Well, I can trust you I suppose, and it is this: I am about three months gone in pregnancy and I have made up my mind that I will not slave myself to death with another child."

As she spoke her eyes flashed, and her voice and manner evinced her positive determination to do as she said.

Looking her steadily in the face I said, "Madam, are you aware that willfully to cause an abortion is a criminal offence—murder to all intents and purposes?"

"Nonsense, doctor, there is no life yet, and a great many persons do so and think it no harm, nor do I you need not be afraid. Do you see this arm?"

"Yes, certainly."

"Well, rather than speak one word that would get you into trouble I would cut it off at the shoulder."

"You mistake your man," I replied; "I have not the slightest intention to put myself in any danger of the kind, as I firmly believe it to be murder, whether you destroy life at the age of one day or fifty years."

"Doctor, I do not believe it is a crime, for God cannot wish to afflict us with the suffering and denials that it compels a woman of my age and tastes and position to undergo. But, crime or no crime, I am fixed in my resolution not to have another child, so you may as well make a good fee and be henceforth our family physician."

I answered very positively that no consideration could induce me to become a party to her criminal designs, and I moreover assured her that I would closely watch her course, and, if need be, appear as a witness against her if she persisted in her scheme of folly and crime. She left my office without evincing the slightest change in her wicked determination. What has been the result I cannot say, but I fear the worst. I can recall ten similar applications within the last three years, about one-half of them being made by married women, and some of them by husbands in behalf of their wives, and I have no doubt but that this will accord with the experience of other physicians in practice.

All large cities have dens of wickedness and crime where premature labor, with its concomitant evils, is frequently produced. In fact, it has become a regularly-established money-making trade—carried on by both sexes—and its deluded victims, poor, nervous, pale, and sallow creatures, mere skeletons of what they once were, are daily seen upon our thoroughfares, or visiting fashionable and reputed health-restoring resorts. That the life of the mother is greatly endangered by induced labor no well-informed physician can doubt, and, likewise, it is certain that the life of the child is rarely saved, even in the later months of pregnancy.

It is not necessary to collect here the opinions of the most eminent writers, whose teaching and experience prove conclusively the great risk and hazard of life, and that, in all cases, disease is established as a consequence of interfering with the highest and healthiest law of nature, that of reproduction.

There is no practitioner of any experience who is not familiar with cases of nervous sufferers, with ruined constitutions and uterine diseases, induced, or greatly aggravated, by abortions, whether accruing by accident or design. Yet, is it not astonishing that men of learning in a profession eminently humane and philanthropic, will assert, in courts of law, that an abortion produced at three months is not more serious to the mother than natural labor at full term?

The recklessness of this assertion is certainly

commensurate only with the unpardonable want of honesty of him who made it. If such opinions are acted upon, what crimes will it not encourage and what sufferings and misery will it not entail? We rely upon the virtue and good sense of the profession to render such doctrines powerless. But the asserter of them is morally guilty and should be treated as a nuisance, alike dangerous to the health and morals of society. Unfortunately, our laws are so lax and so lamely administered that it is next to impossible to convict abortionists. They are cautious and prudent in their speech and actions, and make confidents only of those whose acts, intentions, or principles, render them, to a certain extent, participants in the crime. Criminal law makes an unjust and assumed distinction as to the extent of the crime of abortion, depending entirely upon the stage of development of the fœtus; thus, in some States, punishing only as a misdemeanor what is murder in fact and in morals.

The profession is not doing its duty when it permits such false and groundless assumptions to bias the decisions of courts, and shield and give a silent sanction to crime. In regard to these matters I hope to see a higher moral tone disseminated among the people, acted up to more conscientiously by the profession, and a willfully causing of abortion declared by law to be murder, and rigorously punished as such by the legal tribunals.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

FIVE CASES OF SCURVY.

These cases of scurvy occurred in a number of seamen belonging to a vessel coming from Calcutta, on a five months' voyage.

The men were kept on a low diet, with a total absence of vegetable food—even their hard sea-biscuit having become injured by worms; the consequence was that they were driven to the exclusive use of salt meat, the natural result of which was that the men became attacked with scurvy. Several of the men are now in the hospital, laboring under scurvy and presenting the various types of the disease. One case is of a light character; another so malignant that, when the man was admitted, he was in imminent danger of his life; he is still very low, though slightly improving.

The mildest case was first brought before the class. The dull, dusky color of the blood was clearly perceptible, resulting from the altered condition of the constituents of the blood. This patient has not had numerous petechiæ, though in some of the cases the whole body is sprinkled over with them. The gums are moderately swollen, and they are turgid, particularly those of the lower jaw, looking much like ptyalized gums.

This man was taken sick after having been on board the vessel some four months, and has been laid up about four weeks. He has been altogether confined to salt meats and a hard bread, called rice-bread, made in the West Indies.

They had no vegetable food whatever, but they had plenty of room and fresh air aboard ship.

He has had no diarrhœa. His pulse is somewhat feeble and frequent, but not otherwise altered; yet still he is weak. He cannot walk; his legs are weak and bend under him; he has numerous ulcers upon his legs. There is a deep purplish tint of the skin, in spots over some portions of his legs.

The treatment consists in giving him an abundance of vegetable matters, such as potatoes, cooked, and also simply cut up in the raw state and covered with a little vinegar, of which he eats a number of pieces frequently through the day. His bowels being regular and his digestion apparently good, he is allowed to eat cabbage, which would be unsuitable if his bowels were out of order, because it is difficult of digestion.

Another good article of food is carrot, and also spinach, which last is the best article procurable in these latitudes at the present season of the year. In addition to all these articles of food, another article, which has been given in scurvy from time immemorial, is administered—the juice of lemons.

It is often a practice among sea-captains to take with them a supply of lemon juice, which they give to their seamen. A wine-glassful of lemon juice twice a day will often antagonize the appearance of scurvy when it is breaking out.

It is the juice particularly of the fresh lemon that is very useful, for the old juice often becomes, to a certain degree, injured.

Dr. Gerhard has not seen so well-marked cases of scurvy as these for a long time, for at present the disease is getting quite uncommon, owing to the prophylactic measures coming into general use, especially since we have learned how to preserve vegetables fresh and succulent for a long time.

Formerly, scurvy was one of the most frequent diseases on board a man-of-war, so that ships often lost half their crew by the disease when on a long cruize.

Lord Anson lost one-half of his crew by

scurvy; Sir Francis Drake lost one-half of his crew, while the balance came in port in a most miserable and deplorable condition. These men, however, were huddled together, besides having but a poor and meagre diet.

Scurvy, however, does not only occur at sea—it is a disease that may also break out on land, though it has been more frequent at sea, because the vessels have not the means of procuring vegetables to stop the disease, while they can almost always be obtained on shore.

Dr. Gerhard remembers, when he was physician to the Alms-House, that there was an eruption of scurvy in the house, because the managers, in their efforts at economy, had put the inmates on a diet consisting of dry food, without allowing them potatoes or other fresh vegetables. The scurvy broke out at the beginning of summer, at which time of the year fresh vegetables are very high in price, and were considered too dear to feed paupers on. The patients were put on an antagonizing treatment, and had their vegetables after all, which stopped the ravages of the disease.

There are five cases in all in this house. One of these is in imminent danger of his life, though the case is somewhat more favorable than when he entered the hospital. He presents much more of the dull, dusky appearance here of the face than the other, and the skin looks as if the blood circulating through it was a mixture of ink and water more than anything else; the skin is of a mahogany color. He lies in a dull, stupid condition; his memory is enfeebled; his strength is greatly impaired; his powers of resistance being almost gone; his pulse is frequent and feeble, beating over 100 in the minute. He has great swelling of the gums, and is losing some of his teeth. There are numerous black patches all over his body, consisting of blood underneath the skin. There are no ulcerations. In his case there was some little doubt as to the nature of the treatment which should be instituted, in consequence of his extreme prostration and other unfavorable symptoms. Fortunately there was no diarrhœa. He is given plenty of lemon-juice, a lemon always lying by the side of his bed, and he is urged to suck it just as frequently as he feels inclined. He has but little appetite, and can take food only in small quantities; every hour he takes a tablespoonful of boiled spinach; he is being given potatoes prepared in several ways—grated, sliced with vinegar, cooked, etc.; he takes cranberries, fresh meat, and also a wine-glassful of milk punch, one-third spirits, every three hours.

The other cases vary between the two already described, and, compared with the worst case, are comparatively mild. They all have blotches very abundant beneath the skin, and considerable prostration and loss of strength. They are all doing pretty well, being put on the use of lemon-juice and fresh succulent vegetables, as already detailed in the other instances.

The worst case is to-day, for the first time, in a state of convalescence. He asks for mush and milk, and, of course, his desire will be gratified. A cure can now be hoped for; but there is no doubt that, if he had been kept at sea but a few days longer, he would have died. He is now in a condition to derive benefit from tonics, and he will be given a grain of quinine every two or three hours. In a day or two, the dose may be increased.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

AMPUTATION ABOVE THE WRIST — HEMORRHAGE FROM THE RADIAL ARTERY—LIGATURE OF THE BRACHIAL.

A case was exhibited, in which amputation just above the wrist had been performed some days previously, in consequence of an injury to the hand. The operation was performed in the best possible manner, and the vessels secured with all care. On the sixth day after the operation, free hemorrhage took place from the end of the stump, the blood coming from the interosseous artery. The arm was laid open, and the interosseous artery secured, on the face of the interosseous ligament; this controlled the hemorrhage, and there has been no flow of blood since, from that vessel.

In performing this operation, it was necessary to go under the deep flexors of the arm; and the radial artery was found in its regular place, but twice its natural size. From the size of the vessel, and the hemorrhagic tendency of the arm, it was deemed judicious to take up the radial and tie it also, which was accordingly done. The ligature placed over this vessel came away on the sixth day, and all seemed to go on favorably. In a few days, however, a hemorrhage occured from the radial artery at the point where the ligature had been applied. The dry salt of Monsel was put in the wound, and also pledgets saturated with a strong solution of the same, while the tourniquet was applied. The bleeding was arrested, and hopes were entertained that the hemorrhagic tendency was controlled. It is now the ninth day since the application of the Monsel's salt.

Yesterday the plug was discharged, and during the night a terrible hemorrhage occurred with a large jet, the size of a crow quill, from the radial artery, a little below the point of the previous hemorrhage.

The cause of this hemorrhage is not the force of the heart's action, nor does it seem to be the fault of any peculiarity of constitution. It depends on an irritable or morbid condition of

the arteries themselves, and especially their muscular coats.

The proper treatment in the present case is a serious question. The artery must be secured; and there is no alternative, except to tie the vessel on the forearm, or on the arm, unless it be amputation of the limb above the elbow joint; and perhaps eventually this must be resorted to, if success should not attend the ligation of the vessel.

There may be less chance of the ligature obliterating the vessel, because the walls of the vessels and also their sheaths and the surrounding parts have become softened, in consequence of inflammation and extensive extravasation.

It has been impossible as yet to determine whether the blood flows from an opening on the cardiac or the distal side of the ligature. Probably, however, it comes from the distal, and if the diseased parts were opened, it would be necessary to apply two ligatures; hence, it was thought best to resort to ligature of the brachial. This artery must not be tied near the elbow joint in this case, for there has been great effusion of blood just above the joint; and, beside, if tied there, the ligature would be placed below the origin of the anastomotica, through which the blood would find its way again into the radial. For this reason, Prof. Pancoast preferred tying the brachial above the origin of the anastomotica, in the middle part of the arm, in order to let the blood circulate by the two profundas—major and minor.

There is little, if any danger of there not being a sufficient amount of blood passing down the arm to keep up its vitality.

Dr. Pancoast then proceeded with the operation. The brachial artery was found to be double, that branch running in the usual course being much smaller than the other. The main trunk was tied, and a ligature then placed upon the high division, in which the ulnar artery comes off toward the axilla. But this ligature was not tightened, because the arm had become cold from the effects of the other ligature. Some two or three hours after, on going to tighten the ligature on the ulnar, the artery had already ceased to beat, from exposure to the air, and it was preferred to push the ligature to another part of the artery, where the vessel was felt beating strongly.

PHILADELPHIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Da Costa.

PLEURISY, AFTER DEBAUCH, WITH HEPATIC COMPLICATION.

James E., a young man, twenty-three years of age, was admitted into the hospital on the evening of January 9th, after a violent debauch, suffering from acute pain at the lower third of the right side, dullness on percussion anteriorly on the right side, extending up to the fifth rib. A friction sound was heard over the same space, together with slight crepitation; he had some fever, a frequent pulse, respiration twenty-five per minute. Beside the pain, however, he complained of nothing.

On the following morning he presented a hot, dry skin, at the same time jaundiced; the pain was still intense, respiration had risen to 42 per minute, the eyes were deeply jaundiced, there was much tenderness over the liver. There was no delirium. He had a painful, but not severe cough—more of an irritative cough.

At this time there was on percussion—dullness from the second rib down. The friction sound was absent.

This patient, then, who came in after a debauch, with intense pain in his side, accompanied by some shortness of breath and a friction sound, evidently, was suffering from pleurisy, in its first or dry stage, as the latter sign indicates.

On the next morning, however, we find on percussion dullness much more marked and extended, with a disappearance of the friction sound, an increase of the general symptoms, more restlessness and fever, respiration nearly doubled in frequency.

The interpretation of these symptoms is easy. The disease has passed into its second stage, effusion has taken place between the two pleuræ, accounting both for the physical and rational signs.

But, along with these symptoms there is now hepatic tenderness, and a jaundiced condition of the patient, indicating, if not inflammation, at least considerable congestion of the liver. In a certain number of cases, both of pleurisy and pneumonia, the liver becomes implicated, and hence the terms bilious pleurisy and bilious pneumonia. These forms are very frequently traceable to malaria; intemperate habits, too, are a frequent cause.

Present Condition.—The skin at present is warm, but not hot; pulse 116; still feeble; tongue clean and moist, slightly coated in the centre, otherwise natural.

On examining the lung there is found on the right side anteriorly, as low down as the sixth rib, a marked friction sound. The dullness has markedly diminished, both anteriorly and posteriorly.

The area of dullness lessening and the reappearance of the friction sound, both indicate the re-absorption of liquid. The friction sound is caused by the rubbing together of the roughened pleuræ; hence, as soon as effusion has taken place, separating the pleural surfaces, the friction sound disappears. As the fluid is absorbed the surfaces of the pleura are again brought in contact the sound reappears, an indication of recovery.

Treatment.—When the patient entered the hospital, he was placed on acetate of potash and sweet spirits of nitre; a mercurial purge was given, and sinapisms and a blister were applied to the side.

The acetate of potash and spirit of nitre were given as diuretics to get rid of the effusion and the mercurial purge to relieve the congested state of the liver.

It may be asked, would it not have been better in this case to have administered mercury, with a view to its constitutional effect? No! on account of the rapid feeble pulse, the disease occurring after a debauch, his high nervous excitement, bordering on delirium tremens. All these circumstances contra-indicated the use of mercury, or indeed any remedy tending to impoverish the blood, or to depress. Alkalies, it is supposed, keep down the tendency to a too high fibrination of the blood; they are certainly of use in cases, as in the present, where mercurials are counter-indicated.

The patient, beside, has had milk punch, chicken soup, and beef tea given to him. Under this treatment the effusion is rapidly disappearing. Both in pneumonia and pleurisy occurring in patients like this, we need not be afraid of stimulating and nourishing freely.

CASE OF EXCESSIVE DIURESIS.

John D., 24 years of age, during the summer, had had an attack of sun-stroke. Some time afterward he was seized with a constant pain in the head, rapid emaciation, severe prostration, and an excessive discharge of urine, amounting to from thirty-six to forty pints in twenty-four hours. No trace of sugar could be detected in the urine on very careful examination. The case, hence, must be considered as one of simple diuresis, or, as the disease is frequently, though improperly, termed diabetis insipidus.

Modern pathology has, as yet, thrown but little light on this subject. It is known, however, that diuresis very frequently occurs in connection with disturbances of the nervous system; such seems the case in the present instance, the disease having occurred after sun-stroke.

The most successful treatment in these cases is generally that directed to invigorate and give tone to the nervous system. With this view the patient has been placed on a good diet, and has recently been ordered to take one quarter of a grain of the alcoholic extract of ignatia amara, three times a day, together with compound tincture of gentian, while his bowels have been kept in a soluble condition by an occasional laxative. The result of the treatment has been as follows:

	Pints.
Amount of urine discharged daily before the treatment,	36 to 40
After the treatment.	
Jan. 9th,	25
" 10th,	23
" 11th,	23
" 12th,	17
" 13th,	19
" 14th,	24
" 15th,	22
" 16th,	26
" 17th,	28

Thus, on the whole, under the treatment resorted to, there has been sufficient amelioration in the condition of the patient to warrant a continuance of the treatment. The average discharge of urine has markedly diminished. In regard to the fluctuations observed in the amount discharged day by day, allowance must be made for changes of temperature which influence the urinary secretion to no inconsiderable extent.

The treatment will be continued as before, with the addition of the warm bath. The progress of the case to be reported hereafter.

The prognosis is not favorable; it never is in cases where the diuresis is connected with some lesion in the nervous centres.

WILLS HOSPITAL.

Service of Dr. Morton.

Reported by H. Earnest Goodman, M. D.—Resident Physician.

LACHRYMAL FISTULA.

Elizabeth A., æt. 52 years, had a lachrymal fistula, which commenced to form about three years ago. A year since she was operated upon and a style introduced. After wearing the style for about two weeks she caught cold, inflammation of the eyeball set in, which was followed by suppuration, until the eyesight was completely lost.

On account of the inflammation the use of the style was discontinued. Since the operation, as before, she has had repeated attacks of dacryocystitis, followed by suppuration.

Jan. 9th, 1861. On introducing an Anels' probe, the duct was found obliterated, a cartilaginous mass obstructing the passage to the nose.

Dr. Morton first slit up the puncta and canalicule, as in Bowman's operation, as far as its opening into the duct, and then passed a bistoury down into the nose, thus performing the operation for fistula lachrymalis, with this difference, that the knife passing down the origin of the duct instead, as in the ordinary operation, of being made to enter the distended sac under the tendon of the orbicularis muscle.

A direct communication was thus made from

the split canalicule to the nose, and a gold tube having an arm upon its upper extremity was then introduced. The arm is placed at a right angle with the upper tube and serves to support it when in its proper position. This arm is made small enough to lie in the split canalicule.

The advantage of this form of instrument is, that the tears more readily flow down into the nose. It can very easily be taken out and cleaned, or a probe passed through into the nostril, thus removing any secretion that may obstruct the free passage through the tube. It also avoids the unsightly appearance of the ordinary silver or gold style.

The advantage of the arm is, that it prevents the tube from being blown into the nose, and also keeps the passage to the tube patulous. It is only recently that Dr. M. has had the arm put upon these gold tubes; a case having occurred to him where, after the tube had been worn for some months, it was suddenly thrown into the nose during a fit of sneezing.

Further reports of this mode of treating fistula lachrymalis will be given hereafter.

SYMBLEPHARON.

Case 1.—G. V., æt. 68, was burned in the right eye with hot lead five months ago, which left him with symblepharon of the upper eyelid. He was induced to apply for relief, from the tendency to repeated attacks of inflammation and the constant feeling of dragging in the eye affected, on attempting to look from side to side.

Jan. 14th. There is now a firm cicatrix or adhesion between the inner surface of the lid and eyeball, involving the upper and inner half of the cornea, and extending over its surface opposite the edge of the pupil. Dr. Morton separated this adhesion by cutting through the cicatrix, between the lid and ball, with the scissors and scalpel; and then inserting between the wounded surfaces a small piece of lint moistened with oil; after which, closing the eye with Donna Maria gauze and collodion.

Jan. 15th. Removed the lint and the dressings, and touched the corneal surface with a sol. argent. nit. (xxx grs. to a f℥j.)

Jan. 16th. Motion of the eyeball perfect. Touched the corneal surface again with a solution argent. nit. of the same strength. The lid moves freely over the eye, and there is no disposition to unite again to the ball.

Case 2.—Edward McG., æt. 28, was burned in the left eye with melted coin about four months ago. The inner tarsal edge of the lower lid has been burned completely off, obliterating the puncta, and the cicatrix has attached itself to about one-half of the cornea, extending opposite to the lower edge of pupil. The cornea slightly discolored. There is also distichiasis, with considerable thickening of the upper lid, and the eyeball is held in a fixed position by the cicatrix. This turning in of the inner row of eyelashes of the upper lid, and the dragging upon the lower, when an attempt is made to turn the eye from side to side, serves as a constant source of irritation, and has kept the eye in an inflamed condition since the accident.

Jan. 13th. Dr. Morton removed the adhesion between the lid and the ball with a scalpel. A needle armed with a double silk ligature was then carried through the edge of the freed eyelid and secured by a double knot; then, to keep the lid inverted, it was run through the lower part of orbicularis muscle, and brought out on the cheek to which it was secured by gauze and collodion. A small piece of lint was placed between the wounded surfaces and cold mucilage dressing constantly applied.

TELANGIECTASIS.

Mary R., æt. 12, a healthy girl, had a vascular tumor to form about a year ago on the left side of her nose, just under the eye. For the last three months it has grown to the size of a split pea, and is quite vascular. Its cause was unknown.

Dr. Morton removed this growth (Jan. 9th) by lifting it up with the forceps, and snipping it off with a pair of scissors. There was some hemorrhage. A double ligature was passed under the wound and the parts brought in close apposition.

Jan. 14th. Ligatures removed. Touched with caustic. Wound has almost healed.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

DEFORMITY OF THE FACE FROM THE ABUSE OF MERCURY.

A girl was presented suffering from a horrible deformity of the face, dependent upon the abusive use of mercury when about six years of age. This has produced ulceration of the mucous membrane lining the cheek; has destroyed the integument of the cheek and the buccinator muscle, involving finally the masseter muscle and producing anchylosis of the jaw. The alæ nasi are gone; the upper lip on one side and the teeth have become distorted, the alveolar processes being gone, and there is but slight partition between the nostrils and the mouth, the jaw itself being not fully developed.

To remedy this deformity, it will be necessary first to try to open the mouth, and then reconstruct it. Unless all the cicatricial tissue is destroyed, the contractions will be redeveloped.

An upper lip can be formed from the skin of

the face, and after this the side of the mouth can be readily built up; but the greatest difficulty will be in overcoming the anchylosis, on account of the apparent inability of the jaw-bone to resist the force necessary to separate the lower from the upper jaw.

The case will, for the present, be held under consideration and operated on at some future clinic.

DEFORMITY OF THE LOWER EXTREMITIES, ONE LEG CROSSING THE OTHER—OPERATION FOR ITS RELIEF BY DIVISION OF THE TENDONS OF THE PECTINEI MUSCLES.

The etiology of deformities of this kind forms a very interesting study. They are frequently caused by irritation of the nervous centres, involving the origins of the nerves supplying the muscles, and resulting in insufficient innervation. The consequence of this continuous irritation is the production of club-foot, contraction of the ham-string muscles, and similar deformities.

The present case is that of a little girl, whose toes turn inward, the limbs crossing each other. This is caused by the contraction of the two pectinei muscles throwing the limbs over each other.

In addition to this, the child has had a club-foot on the left side; and, profiting by Prof. Pancoast's recommendation of dividing the *soleus* muscle, instead of the tendo achilles, Dr. Maar, of Tamaqua, performed this operation some time since, and the result has been a perfect cure.

In connection with the contraction of the pectineus muscle on each limb, there is a rigidity of the ham-string muscles. The muscles resist every effort to stretch them to any extent; the difficulty is greater on the left side. When attempting to walk, the limbs cross over each other, and the child cannot progress.

The operation will consist in dividing the pectineus muscle of each limb subcutaneously. The great advantage of subcutaneous operation is, that its effects are not more serious than a sprain, in which the parts, being kept at rest, become well. No air is allowed to get to the wound.

Thus operations on the eye, where we cut the sclerotica, the iris, and the lens so freely, are but subcutaneous operations of another kind. If air was allowed to enter the wounds in our operations for artificial pupil and other operations about the eye, there would be no success attending our efforts.

After dividing the pectineus of one side, the adductor longus was found to make some resistance when straightening the limb; it was also divided by pressing the point of the instrument against it, when the leg yielded and came to a proper position.

The pectineus was divided completely, and a portion of the adductor longus on both sides.

It was not thought necessary to divide the ham-strings, because, in these cases, when one muscle is particulary involved the others suffer, as it were, only symptomatically, and all will often get well by mere division of the most offending muscle.

The limbs are to be well rubbed and shampooed with the hand, so as to stretch them, and after a while the child will be ordered an apparatus to support them while walking.

Should this treatment not succeed in overcoming the remaining difficulty, the ham-strings will be divided on a subsequent occasion.

ENCEPHALOID CANCER OF THE MAMMARY GLAND—OPERATIONS FOR ITS REMOVAL.

The patient is an old lady, 60 years of age, residing at a distance from the city. She has been suffering for nine months with a cancerous affection of the breast, which began just at the point where the skin and mucous membrane meet together at the nipple. Here a small tubercle formed, which rapidly grew, the cancer assuming its most fatal form, that of soft cancer or fungus hœmotodes.

There are three kinds of cancer, the chronic schirrus, the more acute encephaloid, or fungus hæmatodes, and the colloid cancer, which latter is not seen in the mammary gland. These tumors depend on the development of cancerous cells, which have a more or less rapid growth, and become infiltrated in the natural tissue of the gland.

In the very chronic cases, sometimes they send processes of the cancerous growth to the skin, which is drawn in, and sometimes the skin itself is seen so filled with cancerous matter on the surface, that it looks like a piece of bacon.

Sometimes we see what has been called *buck-shot cancer* by the late Dr. Parrish.

Wherever there is a chronic scirrhus tumor of the breast, with small tumors of this kind rolling under the skin, the case cannot be cured by any process under heaven, and it is folly to attempt extirpation.

These tumors are slow in their progress, and must be left to nature; extirpation avails nothing on account of the invariable metastatic tendency.

In the present case of rapid growth of malignant fungus hæmatodes, there has been, almost from the start, sloughing of the nipple and surrounding parts. This occurs in consequence of the mass not permitting the blood vessels to pass into and through the parts as freely as is necessary for their nutrition; sloughs result.

In examining the present case, the lymphatic glands in the axilla have not been found affected; there is no apparent enlargement of the absorbents.

As a general rule, these rapid cases of fungus hæmatodes of the breast are not so apt to involve the glands of the arm and axilla as the scirrhus forms.

The patient is otherwise in the enjoyment of perfect health, and therefore there is a decided prospect of a cure by amputating the whole mammary gland, though it be fungus hæmatodes.

There are three things to be considered in these affections, to leave them alone, to attack them by caustics, or to remove with the knife. If the tumors are small they may sometimes be removed by caustics, but not when so large a gland as the breast is involved. Where the knife has already been used, and the disease returns, the caustics may be employed.

As the skin, in the present instance, is involved in the cancerous mass, it will be necessary in removing the tumor to remove a large portion of the skin, and also the whole development of the gland, both layers of the superficial fascia and the fascia, which covers the pectoral muscle; if it has extended beyond the fascia, involving the sheath of the pectoral muscle, that also must be taken away. Dr. Pancoast has often removed the pectoral muscle, and even portions of the intercostal muscles without ill results.

Dr. Pancoast has frequently removed the gland, not by dissecting it out, but by evulsion, tearing it up from its bed after loosening it, and considers this mode as of great value; all the hardened part is brought out along with the gland. All the absorbent vessels in the immediate neighborhood are torn out with the mass; so with the absorbents and similar parts of the arm pit; there is also less bleeding attending the operation than when wholly performed with the knife, while the great object of removing all the surrounding hardened tissue, which does not present to the eye any physical changes, is more surely accomplished.

Dr. Pancoast then proceeded to perform the operation, making the incision first in the lower border. The flaps were then dissected off, and the tumor removed by evulsion, with the fingers, stripping off part of the sheath of the pectoral muscle.

The hemorrhage from the vessels was controlled by acu-pressure.

After careful examination to see that no part or appendages of the gland were left in the wound, the parts were closed in the usual manner.

Service of Dr. Gross.

EPITHELIAL CANCER OF THE LIP—REMOVAL.

The patient is a man nearly seventy years of age, the diseased structure occupying the lower lip.

About three years ago he discovered what he considered to be a wart on the free border of the lip, near the median line. This rapidly increased in size, and at the end of six months, after its first appearance, was removed by Dr. Walter, of Marietta. For two years there was an immunity from suffering, when the disease returned, and it now involves the free margin of the lower lip, extending down some distance, nearly as far as the chin.

The parts are quite movable, though painful when roughly handled, which also causes in the part a disposition to bleed. The pain is of the sharp, burning character.

There is an enlargement of one of the lymphatic ganglions along the lower jaw, but as the patient remembers the existence of the swelling from childhood, it can have no connection with the affection of the lip.

Whenever the lip is affected to any extent with epithelial cancer, or where the disease has existed for any length of time, enlargements of the lymphatic ganglions along the lower jaw should be sought for as in cases of scirrhus; the same as the glands of the axilla are examined in cases of cancer of the mammary gland.

So also should the glands in the groin be examined in cases of cancer of the penis and testicle. This should never be neglected, as the existence or non-existence of glands involved, has an important bearing on the prognosis with regard to the probable result of the operation. For, when the glands are very much involved, the operation is often refrained from, and for obvious reasons.

With regard to the probable result of the operation in the present instance, it is certainly favorable for the patient that he remained exempt from a return of the disease after an operation, for nearly two years and a half, supposing that the warty excrescence he describes, was of the carcinomatous character.

The disease is nothing more nor less than cancer of the cutaneous and mucous tissues. Epithelioma is a term applied to the affection, without throwing any new light on the disease, for it is really cancer; it is scirrhus somewhat modified by the structure of the parts involved. It is as dangerous as scirrhus, and just as malignant in the great majority of cases; and, whenever removed, it is almost certain to return in a period of from six to nine or twelve months.

The tumor was removed by a V shaped incision, the base corresponding with the free margin of the lip, and the apex with the chin, carrying the incision a little down beyond the diseased portion.

The disease was found so extensive that a large portion of the lip had to be removed.

If there should be no return of the disease, a new lip may, perhaps, be formed at some future period by a plastic operation.

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D., Albany.

The third of the monthly meetings of the society was held in the Common Council Chamber on Friday evening, January 18th. Dr. Vanderpool presiding.

TUBERCULAR MENINGITIS.

Dr. Lansing read a monograph of a case in a lad of eight years, in which he diagnosed tubercular meningitis. He had been aided in this conclusion by the information that the parents had lost a child only a few days previously from consumption, with glandular swellings of the neck. Having carefully narrated the symptoms, he proceeded to say that the treatment instituted was iodide of potassium, two grains every three hours; application of cloths, dipped in cold water, applied to the head, with four ounces of beef-tea and half an ounce of whisky, to be taken during the night; cod-liver oil used as an embrocation to the bowels. With the nourishment and stimulus increased, this treatment was pursued for a period of twelve days, when the case terminated fatally. There was a steady increase in the circulation and respiration during three several days, the former being at 70, and rising to 140, and the latter from 24 to 30. He believes that reasoning generally and logically on the subject, that the plan of treatment which embraces the use of iodine, iodide of potassium and cod-liver oil, with mild stimulation and nutritious diet, is preferable to one made up of depletory measures and the free administration of calomel, on the supposition that this, like simple meningitis, is an inflammatory disease. The instances of recovery are rare.

The paper appointed for the evening was on

REDUCTION OF DISLOCATION OF THE FEMUR BY THE REID METHOD, WITH OBSERVATIONS UPON ITS UNIVERSAL APPLICATION TO ALL KINDS OF DISLOCATIONS OF THE HIP-JOINT, BY DR. JOHN SWINBURNE.

Dr. SWINBURNE said that, in reading the original article of Dr. Reid, published in the "Transactions of the Medical Society of the State of New York, in 1852," and Dr. Markoe's cases of dislocation of the femur, published in "Braithwaite Retrospect," he was impressed with the unvarying expression that little or no force was requisite to effect a reduction, and that the position of the head of the thigh-bone did not alter the direction of the flexion, rotary, or semicircular movement. Coupling these articles with his own experience and observation, in this mode of reduction, and noticing the relaxation of muscles each in their turn, while none of them were used as a fulcrum to the great detriment of the muscles, (and a decided disadvantage in the process of reduction,) he became satisfied that few physicians had read attentively, or if so, they had failed to appreciate the advantages of full relaxation of the flexors, adductors, and rotators of the thigh and leg, which, if not all, is at least an important part in the reduction of a recent case of the femur. He then noticed the claims for this step in surgery in behalf of Dr. Nathan R. Smith and Dr. Reid, and proceeded to show that in his work, as edited by his son, Dr. Smith only claims that his method was applicable where the dislocation was upon the dorsum ilii, while Dr. Reid's method was applicable to every form of dislocation of the bone.

Dr. Smith's plan isto place the body in a horizontal position, fasten the sound limb and body to the bed or table by means of a broad band or belt:—"Grasp the knee of the dislocated leg, flex it upon the thigh, in order to make the leg a lever with which to operate on the thigh bone; then gentle rotation of the thigh outward by inclining the foot toward the ground and rotating the knee outward; then the thigh is to be slightly abducted by pressing the knee directly outward; lastly, the surgeon freely flexes the thigh upon the pelvis by thrusting the knee upward toward the face of the patient," and at the same moment the abduction is to be increased, and a degree of rocking motion given to the bone.

Now contrast these instructions with Reid's method, which is "To place the patient on his back—table or otherwise convenient position for the physician. Then seize the ankle with one hand, the knee with the other; then flex the leg upon the thigh, strongly adducting it, carrying it over the sound one, and at the same time upward over the pelvis by a semicircular sweep, as high as the umbilicus; then abduct the knee gently; turn the toe outward, the heel inward, and the foot across the opposite and sound limb, making gentle oscillations of the thigh, when the head of the bone will slip into its socket with a slight jerk and an audible snap, and the whole limb will slide easily down into its natural position beside the other."

These manipulations and observations I shall divide into six parts:—

1st. The first consists in the flexion of the leg on the thigh.

2d. Semicircular sweep outward or inward.

3d. Flexion of the thigh upon the pelvis.

4th. Rotation, oscillations, or rocking motion of the limb.

5th. Inquiries as to where the true fulcrum is situated.

6th. To what forms of dislocation is it applicable?

In division No. 1, according to Smith—

1st. You flex the leg on the thigh to make it a lever to operate with, while Reid does the same thing to relax the muscles of the leg and thigh.

2d. Smith performs the semicircular sweep outward, while Reid makes it inward, over the sound limb.

3d. Both operators freely flex the thigh on the pelvis. Smith performs the outward flexion by abduction, while Reid makes the inward by adduction, and does not abduct at all, except slightly after free flexion is effected and the bone dislodged from its abnormal position.

4th. Both agree as to the utility of rotation and rocking of the limb.

5th. The fulcrum, according to Smith's notion, was the adductor muscles, while Reid demonstrates the pelvis as the true fulcrum. With regard to power and resistance, there can be no difference of opinion.

In Prof. Smith's manipulations—

Error No. 1, is the misapprehension as to the true position of the fulcrum. Error No. 2, use of powerful abduction, first and last. Error No. 3, is the true reason for flexing the leg upon the thigh before flexing the thigh on the pelvis.

6th. Reid's method is applicable to all forms of dislocation of the hip-joint, while Smith only claims that his method can be applied to dislocation on dorsum ilii.

In reading Smith's memoir on this subject, and noticing the plan of manipulation, and contrasting it with his expressed views of the modus operandi of the reduction, we will see that he was entirely mistaken in the position of the true fulcrum, as will be seen by the following quotations; also his continued injunction as to abduction:—

He says, "We use the bone as the lever, on the long arm of which we use our force. The adductor muscles, the fulcrum, and the head of the bone the resistance."

Now, this is inconsistent with his manipulations, which make the pelvis the fulcrum, the same as in the Reid method, but the Doctor mistook the true fulcrum, and hence the impression that the method was not applicable to all forms of dislocation.

Had Professor Smith studied the *mode* a little more carefully *on the cadaver*, he might have demonstrated the true fulcrum. The following quotation will show that he was still in much doubt as to the principle involved in this dislocation, when he says:

"There is no doubt a constant mechanical principle upon which the reduction is effected, in such cases, and one which, perhaps, would succeed in nearly all cases, if we knew how to employ it understandingly, and with precision, and did not avail ourselves of it by mere hap-hazard—this frequent failure of art and success of accident satisfy me that there is some important principle relative to the mechanism of these dislocations (dorsum ilii) which is not yet understood;" and, again, he says, "Accident ought not to accomplish the reduction of a bone with more ease than art. When it does, such accident should be our instructor, and teach us the mechanism by which it operated, and this we should repeat in similar cases."

Again, he says, "There was a mode which would, perhaps, succeed in nearly all cases, if we only knew how to employ it understandingly."

Truthfully acknowledging the incompleteness of this mode of procedure.

It would seem by the following quotations, that in his method the reduction was entirely effected by the adductor muscles becoming the fulcrum.

If this is true, we should not only have to overcome the resistance of the rotary muscles situated about the head of the bone, but also the friction of the pelvis, as the head becomes firmly impacted against the ilium in attempts to abduct the limb—while, on the contrary, adduction, with the semi-circular sweep and flexion, lifts the head of the bone from the dorsum, stretches the capsular ligament, and thereby allows the bone to fall or glide into its normal position.

If the hip is dislocated upward and backward, he says, "We grasp the knee, and *powerfully* abduct the member; we put powerfully on the stretch the adductor muscles—now the muscles, drag the head of the bone directly toward the natural position. In abduction we regard the hand of the surgeon as the power. The tense adductor muscles furnish the fulcrum, and the head of the bone the resistance. The hand of the surgeon acts upon the longest arm of a lever of the first kind, and, therefore, with great mechanical advantage in throwing the head of the bone toward the acetabulum."

Note his expression, where he says "The glutei muscles are most effectually relaxed; the adductor muscles are put powerfully on the stretch by the member being powerfully adducted."

Now, the reverse of this is true in the Reid method; the adductors and flexors of the thigh are relaxed, while the glutei are made tense, and absolutely assist in the reduction by supporting the head of the bone and guiding it to the acetabulum.

On the contrary, forced abduction before flexion is sure to lacerate the adductor muscles. Reason—the farther the head of the bone is placed from the socket, and particularly on the dorsum, the more obtuse will be the angle formed by the adductor muscles with the bone, and hence, of necessity, the more easily they will be torn.

On the other hand, lift the head of the bone

from its confined position, and then the muscles will have full power to act with advantage.

Prof. Smith's general directions for reduction, with the exception of abduction, were very correct, and, with a little more knowledge of the laws governing this form of dislocation, would have made the plan of reduction complete; but his frank confession that it was applicable only to dislocation on the dorsum illii, and no other, coupled with a want of proper confidence in the knowledge of a proper plan, as expressed through the whole essay, and from a want of sufficient practical demonstrations of the principles involved, the plan was abandoned without being fully illustrated to the profession; hence, it was inferred that this plan was not practical; that it lacked the proper guides and rules of application.

In searching the journals I can find no record of reduction of hip joint dislocation by his method—manipulation—until the time of Reid—while, since the publication of Reid's article, I find several cases reported, the reduction of which involved nearly the same principle, that is by flexing the leg on the thigh, and the thigh on the pelvis, thereby making the pelvis the fulcrum.

It is not, however, my province to decide at this period whether Dr. Reid is, or is not, the first to describe and demonstrate a method by which the profession are to be guided in the reduction of dislocation of the femur. I only ask to be allowed to present all the evidence in the premises, in order that an intelligent profession shall judge, as I have done, the facts and merits of the two modes of procedure; one (to me) seems a matter of science, simply following out the indications of nature, and moving the limb in the direction which seems the most natural and easy.

Each motion will be examined in detail, and will be found consistent with science and nature; while, on the contrary, the other seems a hap-hazard effort to force the head of the bone to assume its natural position by a kind of lever power, making the adductors the fulcrum.

If any one is disposed to pursue this subject, as a matter of science, let him attempt to abduct his own thigh (either when straight or partially flexed) to any considerable degree. Note the pain which follows, and the impossibility of carrying the abduction to any great extent before the muscles seem as if about to be rent. Note the rigid condition of the abductors. Surely, if the pain is great on attempting abduction in the normal condition of the limb, how much more tense the muscles, and painful would be the abduction if the head of the bone was on the dorsum illii—when the insertion of the abductors would be nearly at right angles to the shaft, and made tense by its position—making abduction more difficult and painful.

Place yourself in the recumbent position, go through with Reid's method, or, if you please, let your friend do it for you, and you will see that all of the motions are natural, that each set of muscles relax and contract in their turn, with no pain; while, follow the other plan of forced abduction and flexion, and you find they are attendant with great pain.

I conceive that an intelligent profession will fully appreciate the difference on the one hand of strong abduction before flexing the limb on the body; and onthe other of the important point in the reduction, (which needs to be followed like the demonstration of a mathematical problem,) that Smith regarded the adductors as the fulcrum upon which the femur was to act as a lever, while really not the adductor muscles but the pelvis forms the fulcrum.

In illustration of the method four cases were cited, in one of which the reduction was accomplished upon the first effort, and in a single minute.

Dr. Hoff fully concurred regarding the efficacy of the Reid plan for reducing dislocation of the femur, but believed there existed a necessity for firmly fixing the pelvis; and by bringing the position of the bone first upon the dorsum illii, wherever its abnormal position, it must be resolved into a dislocation upon the dorsum before its reduction. He had never seen the plan succeed by the first effort, unless the head of the bone was upon the dorsum illii. If the pelvis be firmly fixed he thought there was but little necessity for abduction or rocking motion of the thigh, for the head of the bone would slip into the acetabulum.

Dr. Swinburne remarked that the anæsthesia of the muscles, according to Dr. Reid, destroyed the surgeon's aid and guide. The reports of the manipulations in Europe are not in accordance with the method laid down by Dr. Reid.

Dr. Pomfert related a case recently under his observation where the Reid method had failed. The patient had been crushed in a clay bank and suffered injury of the spine. The pulleys were applied, and the dislocation reduced. Why had the Reid method failed? Perhaps, because the pelvis was not fixed, for in a post-mortem examination that followed the next day, the pelvis was separated from the dorsum illii, and fractured through the acetabulum. Hence it was movable, and perhaps demonstrates the necessity of the pelvis being fixed in the act of reduction by this method.

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Eruptive Fevers among the Chinese.—Dr. Hobson, late a medical missionary to China, says, in the *Medical Times*, that small-pox, measles, chicken-pox, are of common occurrence in that country. Scarlet fever is unknown. Small-pox is exceedingly fatal when it spreads epidemically. Inoculation is generally practiced, and is accomplished by introducing the virus into the nose. Vaccination has been recently introduced by British physicians, but prevails but to a limited extent.

MEDICAL SOCIETY OF THE STATE OF NEW JERSEY.

NINETY-FIFTH ANNUAL MEETING.

Held at Trenton, January 22d and 23d.

PRESIDENT'S ADDRESS.

The Society met January 22d, in the evening, when Dr. W. Elmer, the President, read the anniversary address, of which we give an abstract.

After a rapid glance at the history of the Society, and the progress made in medicine since, quoting as examples surgery, which has become more conservative, rather striving to save limbs than to "cut and slash;" hygiene which seeks to prevent the occurrence of disease, and to elevate the sanitary condition of man; and the treatment of insanity, which has become rational and humane, Dr. Elmer referred to the subject of medical education.

With greater strictness, he remarked, in educational requirements, we need not apprehend so large an annual flight of half-fledged birds from some collegiate walls, to expose our profession to ridicule and contempt, and to make us feel that the appellation of "Doctor" does not command the honorable distinction to which it formerly entitled its possessor. The proposal to establish a national title of membership at the last meeting of the American Medical Association may, if adopted, prove advantageous, by contributing to the elevation of medical character and attainments. The hords which annually swarm from our medical schools of every grade, far exceed the actual demands even of our rapidly increasing population. With a population of thirty millions we annually see diplomas granted to fourteen hundred or fifteen hundred new recruits; while in France, with a population of thirty-five millions, only some seven hundred or eight hundred join the ranks. It is because of this redundant number, and of the immature character of so many of these nominal physicians, that the honor and moral standing of our profession falls into not a little of its disrepute, for not a few are the instances in which these supernumeraries unite some other vocation with their medical profession, and even lend themselves to schemes of questionable propriety. The estimates made for the real requirements of physicians, has been about one to every two thousand inhabitants. But this computation may be fairly so modified, as to make it one in every fifteen hundred, in order to meet the exigencies of epidemics, endemics, and the like. In Austria, the ratio is about one to every thousand, and in France, one to every two thousand, while, in our own country, we can number some forty thousand doctors, beside the legion of uneducated and half educated practitioners, who are allowed to sport with the health and life of the credulous, and to hoax a patient public by immense promises and infinitesimal performances.

But, in spite of these and other drawbacks, the prospects are bright. We behold steady improvement manifested in a deeper acquaintance with scientific laws—in the application of those laws to the preservation or restoration of health, and in the increased average of the duration of human life, as shown by reliable statistics.

The address closed with an earnest exposition of the social and moral duties of the physician and the sentiments that should guide him through life.

REPORT OF THE STANDING COMMITTEE.

We omit the account of the mere technical and business proceedings, and proceed to give a resumé of the able and interesting *report of the Standing Committee*, which was presented by the chairman, Dr. Stephen Wickes, of Orange.

After alluding to the decease of two members, during the last year, Isaac H. Hampton, M. D., of Bridgeton, Cumberland county, and Hon. Ferd. S. Schenck, M. D., of Six Mile Run, Somerset county, and giving condensed biographical sketches of both, the committee acknowledge the reception of reports from the district societies of Essex, Warren, Hunterdon, Camden, Gloucester, and Cumberland. The want of interest, on the part of the profession, in furnishing material for reports is complained of. The cause of this is chargeable both to the district societies and the State society. To the former in their indifference to the diffusion among the profession at large, of the cases of interest and of the diseases, epidemic or otherwise, occurring within their respective limits; and to the State society in its inability to give, by a ready and attractive publication of its transactions, an inducement to contributors to furnish papers of value.

DIPHTHERIA.

The reports received, all notice this disease as epidemic to a greater or less degree. It has been most prevalent in Essex, Hunterdon, Cumberland, and Gloucester. As a resumé of the whole, the committee notices the following facts:—

Diphtheria is regarded, in all the reports, not as a local affection, but as a blood-disease, and of a specific character, distinct, in the opinion of most of the observers, from scarlatina and cynanche trachealis. Its diagnostic symptom is expressed in its name. The membrane or membranous exudation forms patches, and becoming, more or less, continuous over the velum palati, fauces, and adjacent parts, includes, in the more severe and mostly fatal cases, the larynx and trachea. It prevails epidemically,

either by infection or contagion or under malarious influences, just as scarlet fever and the other exanthemata. It is not attended with an eruption. It is, with few exceptions, a disease of low grade, requiring tonic and not depleting remedial measures. It is epidemic in high, well-drained, and non-malarious districts, as well as in insalubrious, low, marshy regions, and lastly, though not less important on that account, it is, though often fatal, a disease as readily controlled by judicious and careful treatment as any other grave disease. Dr. Bacon, of Cumberland, reports eight deaths in two hundred cases; Dr. Rosenberger, of Hunterdon, reports three deaths in eighty cases; Dr. Southard, of Essex, four deaths in forty cases. This is a mortality of about four per cent. Others report a moderate prevalence of the disease, but in a mild and benignant form.

The views of the reporters, in regard to the treatment, are remarkably uniform. Indeed, no one can read these reports without being impressed with the fact, that there are well-established and well-defined principles of treatment, which direct the physician in his management of morbid phenomena. The treatment recommended is constitutional and local. When asthenia characterizes the affection, as was the case in the most of the districts noticed, tonics and stimulants, with beef-tea, and other supporting measures were adopted and recommended as usually successful. The tinct. ferri sesquichloridi, ten to fifteen drops, in water every three or four hours, with chlor. potassæ and quinia, brandy, and brandy with milk; chloric either, etc., are the articles chiefly recommended. For the local affection, nitrate of silver in solution, twenty to fifty grains to the ounce, sulph. of zinc and tannic acid were used with more or less benefit. The disease, though new here as an epidemic, yet there can be no doubt that it has always occurred sporadically. This is the opinion based upon the experience of the committee.

SCARLET FEVER.

This has prevailed as an epidemic in Newark and in Camden during the year. The rest of the State, so far as heard from, has been to a great degree exempt from the disease. In Newark the epidemic commenced in the fall of 1859, and with a short interval has continued to the present time. The number of deaths registered from September, 1859, to January, 1860, was 96; from January, 1860, to January, 1861, 233, making in 16 months 329 deaths. The Reporter supposes from data at his command, that the deaths were as 1 to 10, which proportion will give 3,290 as the number of cases which have occurred since September, 1859.

Pertussis and measles have been prevalent in some portions of the State. The latter has been epidemic in Orange to an unwonted degree for the last four months, and prevails still. It is marked by no peculiarities, and has seldom presented a grave form.

RISE AND PROGRESS OF MALARIOUS DISEASES.

The Committee, through the Chairman, addressed a letter to the Reporters, asking from them a notice of the rise, progress, and phenomena of the malarious diseases in their respective districts, and whether they are of greater or less frequency than formerly. The object of this inquiry is to obtain a history of malaria in New Jersey. Some responses have been received, and it is hoped that this important and highly interesting work will be energetically prosecuted by the Reporters.

MEDICAL ORGANIZATION.

The report concludes with a consideration of the necessity of more thorough medical organization. "What is necessary in this State and and everywhere, to protect the interest and elevate the dignity of the profession, is efficient, harmonious association, and we believe that the State Society will do much toward advancing its own honor, dignity, and welfare, by doing all in its power to promote and foster the local medical societies and associations."

ESSAY ON THE MIND AND NERVOUS SYSTEM IN THEIR GENERAL RELATIONS TO DISEASE.

Dr. E. M. Hunt read an elaborate and highly interesting essay on the above subject, in which the importance of studying the influence of the nervous system upon health and disease is ably set forth. While physics and chemistry play an important part in the life of the higher organized beings, yet it is erroneous to base our physiological and pathological views exclusively upon physico-chemism. The newest researches of Claude Bernard, Brown Sequard, and other physiologists, show conclusively that lesions of various organs and alterations in various secretions, are but the results of irritation of particular nerves, and may even be produced by mental conditions and impressions. Hence, if diseases have commenced in the nerves, our bleeding and cathartics, and all our chemistry and mechanics, are only removing results and checking causes; and our treatment must be modified to address remedies, such as sedatives or stimulants, to the starting point first, or if too late for this, to value depletion and evacuants, merely as preparing for these. The facts and laws advanced in the essay point to sedatives, tonics, and stimulants as chief remedies, because affecting the nerves, and to the so-called promoters of secretion, and chemicals generally, as very secondary, valuable only as they remove the morbid results of the morbid action.

Again, these facts lead us to an accurate inquiry as to the opposite states of the nervous system, causing similar symptoms. We may have irritation of the nervous system, and even spasmodic action, from two very different states; from a prostration of the nervous system needing stimulants, or from over excitation; just as we may have all the symptoms of hydrocephalus from inflammation of the brain, or from that state of anæmia following cholera infantum.

The valuable effects of topical medication, and of acting upon the extensive nervous periphery of the cutaneous surface are explained, and their importance appreciated, when we study the relations of the nervous system. The startling effects often of a small scald upon a child, the power of the cold douche, the connection of diseases with changes of temperature affecting the skin, the quick relief often following a perspiration, or the free use of vesicants or rebefacients, plainly show us this. Many an external application which the essayist once regarded as the grannyism of an antiquitated practitioner, or the placebo of an officious nurse, he has learned to value. What we are at present learning of the nervous system explains many astonishing and recognized results of topical application, and shows how impressions made on these cutaneous nerves reach deeper than we have been accustomed to suppose.

These views of the controlling power of the nerves point us to the importance of mental influences, as a part of our treatment. Often through the medium of the mind we produce powerful effects upon the nerves, and with the nerves acting so prominently in disease, the mind for good or ill is a powerful instrument in disease. Cures, said to be effected by mesmerism, may be in most instances explained by the influences of the emotions and a highly-excited imagination.

These nervo-mental views magnify the value of accurate experience. All that we learn in this department must be by actual observation and practice. We cannot, as in mechanics, or chemistry, reason from eternal laws, we must take the phenomena as they occur, and then astutely criticizing our treatment arrive at conclusions. The three methods by which we reach the nervous element of disease are by mental impression, by cutaneous impressions, and by internal remedies. Each needs a rigid surveillance. In the first we must study the laws of emotions, in the second those of direct and reflex nervous action, and in the third the subtle action of sedatives, tonics, and stimulants. Many of these are powerful as passions, and while partially discarding the former heroic remedies, we must still feel that amid chloroform, aconite, veratrum viride, arsenic, strychnia, and the like, we are dealing with *multum in parvo* heroics. (A distinguished professor in New York city, recently remarked to the essayist, as to one of the remedies mentioned—veratrum—that he had seen at least two persons scientifically and skillfully killed by able and experienced practitioners.) The effects of sedatives should be thoroughly studied and classified.

The essayist next considers the direct practical results of the mento-nervous view of disease. It leads to changes of practice no less than modifications of theory. Hanfield Jones, the able physician of St. Mary's Hospital, represents the actual practice of numbers when he remarks that one great point in treatment is not to eliminate disease, but rather to sustain the nervous system and regulate its phenomena. In a large class of maladies, where no organic change has occurred, we do not feel called upon to adopt some active measures, as if the blood-vessels or immediate organs were in fault. Invigorating the nervous system by a tonic course will often re-establish health, where mere solvents, evacuants, or eliminants cannot reach.

It has not been our intention to give a full synopsis of Dr. Hunt's able paper. But we are convinced that this short resumé of its leading features will secure it the earnest attention when published in full, as it will be shortly, with the rest of the proceedings.

MISCELLANEOUS BUSINESS.

Among the miscellaneous business transacted by the society, we may mention a resolution so amending the by-laws, in accordance with a recent amendment of the charter, that the society is at liberty to choose its place of meeting. Hitherto it was forced to meet in Trenton, and the political atmosphere of that place, its want of proper accommodations, and other unfavorable influences have contributed not a little to weaken the prosperity and usefulness of the society. Now that these obstacles are removed, no doubt much increased interest will make itself felt in the profession of the State in every section.

The appointment of special scientific committees is another feature, which will be of great benefit.

A resolution to publish the proceedings of the society separately and increasing the amount appropriated therefor, and ordering the treasurer to sell bank-stock, if necessary, to accomplish this purpose, and thus enabling the committee to proceed at once with the publication, will show its good effects in the increased number of reports next year and their value.

During the session of the society, Dr. Woodward, of Connecticut, was present as a delegate from the Medical Society of that State, and, after being introduced by the president, made some interesting remarks regarding the history and working condition of his society, calculated to arouse among his audience a determination to rival, if not to excel.

The meeting was characterized throughout by the best feeling.

OFFICERS.

The following officers were elected for the present year:—

President—J. Blane.
1. Vice-President—I. Woolverton.
2. " A. Coles.
3. " I. Vought.
Corresponding Secretary—T. J. Corson.
Recording Secretary—W. Pierson.
Treasurer—I. S. English.
Standing Committee—S. Wickes, E. A. Osborne, S. K. Martin.

CENSORS.

Hunterdon—Drs. Reeve, Buck, Vondy, Forman.
Mercer—E. Hance, C. Hodge, Janeway, Grant.
Hunterdon—J. Blane, W. Johnson, Creveling, J. F. Schenck.
Essex—I. A. Nichols, G. Grant, J. A. Cross, A. N. Dougherty.
Morris—J. B. Johns, N. W. Condict, Van Arsdale, Stiger.
Middlesex—Baldwin, E. B. Freeman, Hunt, Dunham.
Cumberland—W. Elmer, N. B. Newkirk, E. Bateman, C. Butcher.
Burlington—B. H. Stratton, I. P. Coleman, F. Gauntt, H. H. Lonsted.
Monmouth—C. F. Taylor, Newell, English, Dayton.
Sussex—T. Ryerson, A. Linn, C. V. Moore, I. Miller.
Warren—E. Byington, J. S. Cook, J. D. Dewitt, J. C. Johnson.
Camden—I. S. Mulford, E. D. Handy, I. V. Schenck, R. M. Cooper.
Gloucester—I. Fithian, I. R. Sickler, C. Clark, Miller.

Delegates to American Medical Association.

Drs. W. Elmer, S. H. Pennington, A. B. Dayton, G. Grant, I. Blane, W. Pierson, Jr., L. A. Smith, S. M. Disbrow, I. A. Freeman, H. R. Baldwin, Stratton, I. B. Coleman.

In concluding our report, we must express our thanks to the officers of the society and other gentlemen, who have kindly allowed us to use the various reports and papers, thus facilitating our task, and enabling us to lay this account before our readers within a few days after the meeting adjourned.

The next annual meeting will be held at New Brunswick, on the Fourth Tuesday, 1862.

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Belgium possesses 51 establishments for the insane. In its population, 4,500,000, it has 4,907 insane persons, or 1 in every 920 of the population.

EDITORIAL DEPARTMENT.

PERISCOPE.

EPILEPSY.

A case of epilepsy, apparently resulting from artificial teeth, is reported in a late number of the Boston *Medical and Surgical Journal*. The patient had suffered for several years from carious teeth, which were extracted, and artificial ones substituted. Paralysis of the muscles of the face and tongue resulted. There was a peculiar drawing of the mouth, from which the aura epileptica came, just preceding the convulsions. The tongue was inclined to fall back within the mouth, the patient was fearful of swallowing it. The false teeth were removed, and the soldering was found discolored. Another plate, of india rubber, was made, when the epilepsy ceased, and the paralysis gradually subsided.

Prof. Austin Flint, in a lecture published in the New Orleans *Medical News and Hospital Gazette*, and copied into the *American Medical Times*, in speaking on the treatment of epilepsy, states that he is not prepared to advocate any remedy or remedies, as specially applicable. He has used the oxide of zinc without much effect.

CHLORATE OF POTASSA IN GONORRHŒA.

Dr. Irwin, U. S. A., stationed at Fort Buchanan, says:

"It may not be amiss to place on record my testimony in favor of the use of chlorate of potash as a therapeutic agent, which I have constantly used during the last two years in the treatment of gonorrhœa, both in my public and private practice, with the most gratifying results. I have found it to be such an admirable remedy that I seldom resort to any other in the treatment of urethral inflammation. My method of using it is as follows; one dram of the salt dissolved in eight ounces of water, of which an injection is given every hour for twelve hours, at the end of which the discharge will have become changed and diminished, allowing the remedy to be gradually discontinued until the second or third day, when the disease will be generally found to have ceased. So efficacious has this remedy proved in my practice, that I seldom deem it necessary to give any other medicine, save a Seidlitz draught or a dose of Epsom salts.

GLYCERINE AND BELLADONNA.

M. Foucher recommends the solution of belladonna in glycerine, instead of water, for the purpose of applying it around the brow to produce dilatation of the pupil. The extract is thus prevented from drying into a hard crust, and a greater certainty of absorption of the narcotic is insured.

TETANUS.

In the communications of the Rhode Island Medical Society for 1860, Dr. Henry E. Turner, of Newport, publishes a brief account of sixteen cases of tetanus that had come under his notice during an experience of twenty-two years. The following is the result:

	Recoveries.	Deaths.
Traumatic Tetanus, - -	4	8
Idiopathic " - -	1	1
Trismus Nascentium, - -		2

Dr. Turner regards opium and its preparations, given in heroic doses, as the sheet anchor in the treatment of the disease, though he would by no means omit the use of such adjuvants as the warm bath and anæsthetics.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 26, 1861.

HINC ILLÆ LACHRYMÆ.

Our New York weekly cotemporary is severely opposed to the publication of medical society proceedings of that city by other journals, in advance of its own reports, on the plea that every report should be official. At the same time it aims a side thrust at the proceedings published in the Reporter as valueless, perishable, etc. We are not afraid of comparison, and for this reason annex extracts from the report of the New York Pathological Society of November 14th, as published, unofficially, in the Reporter of November 24th and December 1st, and in the *American Medical Times* January 19th—nearly two months later.

Medical and Surgical Reporter, November 24th, 1860—December 1st.

TYPHOID FEVER, MILIARY TUBERCLES — EFFUSION IN THE CHEST.

Dr. Wood next related the case of a man who entered the hospital on the 15th Sept'r, having been ill with typhoid fever for a week previously. After he had been sick about a fortnight, dullness was found existing from the clavicle to the third rib in the left side, owing to far advanced tuberculosis of the apex of the lung of that side. The typhoid symptoms began to subside, and the patient appeared to be doing well. Intercurrent pneumonia, however, supervened in the tuberculized lung, and, in a few days, effusion took place to a great extent in the pleural cavity. A puncture was made between the seventh and eighth ribs, followed by a large discharge of serum. This somewhat relieved the patient, but he did not do so well as he appeared to be doing before the supervention of the pneumonia. He sank, and died on November 6th, having had diarrhœa for the last few days.

The left lung was found infiltrated with miliary tubercle, and there were found traces of extensive pleuritic and enteric inflammation. The regular, pathognomonic, typhoid ulceration of Peyer's patches existed.

He observed that typhoid fever was prevailing to a considerable extent in New York city and hospitals, and that the cases all presented the classic appearance of the intestines.

American Medical Times, January 19th, 1861.

TYPHOID FEVER COMPLICATED WITH PLEURISY AND PNEUMONIA.

Dr. Wood presented a specimen of ulceration of Peyer's patches, accompanied with the following history: — The patient was admitted to the hospital on the 15th of September, after a week's illness of typhoid fever. The disease progressed as usual for about a fortnight; at the same time it was discovered by Dr. McCready that there was dullness under the left clavicle extending down as low as the third rib. His typhoid symptoms progressed, and he appeared to be doing well, until some intercurrent pneumonia appeared on that side, which was followed in a few days by pleuritic effusion. This latter symptom was relieved by Dr. Ferguson, who made a puncture between the seventh and eighth rib, discharging a large quantity of serum. After this he gradually ran down, diarrhœa supervened, and he died on the sixth of November. The post-mortem examination disclosed existence of pneumonia and miliary tubercle in the right lung, and also ulceration of Peyer's plates.

MULBERRY CALCULUS.

Prof. Metcalfe exhibited a small, extremely sharp, and angular mulberry calculus, passed by a gentleman 59 years old, who had been in good health until the summer of 1859. During that summer he was in Paris, confined to the house by an ailment the nature of which was not

RENAL CALCULUS WITH SYMPTOMS OF INTERMITTENT FEVER.

Dr. Metcalfe presented a specimen of a small mulberry calculus, which had been passed by a gentleman 59 years of age. He had been in good health until the middle of the summer of 1859, when, in Paris, he was confined to his bed for

obvious to his attending physician. The most prominent symptoms then were very severe pains in the loins, and nausea. He returned home, remained in good health until last summer, when he was seized, while residing on Staten Island, with a chill, fever, headache, nausea, and severe pain in the loins. These phenomena recurred paroxysmally, and were treated by quinine. Improvement followed, but the patient did not recover his former state of health. The paroxysms continued to recur very regularly, at intervals of a week or fortnight, with precisely the same symptoms. The longest interval which occurred was one of a month. During these attacks the patient suffered agony which it was fearful even to behold. Calculus was suspected, and the urine watched. Nothing, however, was found. About a fortnight ago he had a very severe paroxysm. The urine was examined, but nothing abnormal detected—no oxalate of lime, though it was specially looked for.

One morning it was found that he had been passing blood. The urine was deeply turgid, the clothes smeared, and pure blood found oozing from the orifice of the urethra. All the powerful symptoms had disappeared. The patient stated that he had heard something drop into the vessel containing urine. That something was found to be the calculus exhibited. Prof. Metcalfe about a week; the nature of his illness was obscure to his physician, but the prominent features were severe pains in the loins and nausea. It was thought to be colic, and the idea of the existence of calculus suggested itself. This gentleman afterwards came home, and was in good health until some time during the past summer, when having spent some time at Staten Island, he was seized with the symptoms of intermittent fever; which attacks came on with shivering, nausea, and violent pains in the loins. During my absence, he was treated by Dr. Thomas, who kept him under the use of quinine, but the paroxysms would recur regularly at the end of every fortnight. The presence of a calculus in the kidney was strongly suspected, and the urine was very carefully examined, but no trace of crystals was found. About a fortnight ago, he was seized with another one of his paroxysms, which, as usual, was attended with a great deal of pain in the back. I then examined the urine myself, and found nothing abnormal in it. I went to see him one morning about a week ago, and found that he had been passing blood quite freely, the urine in the vessel was very darkly tinged, and pure blood flowed from the urethra. He stated that in urinating he heard something drop into the chamber, which, after a search, proved to be a small calculus. Since that time the hemorrhage disappeared, and he has been troubled no more with any of the distressing symptoms already referred to. I look upon the case as one in which the passage of the calculus gave rise to the symptoms of intermittent fever. remarked the paroxysms occurred so regularly, that they were thought to be of miasmatic origin. The patient had been residing in a miasmatic district, and he (Dr. M) had known just such attacks occur from that cause.

Considering that our report was published within *ten days* after the meeting, and that we had no *two months and five days* to arrange and adorn it, we think the reader will acknowledge that we have not done so badly after all, and that the *official* report of the *Times* remarkably coincides with our own, previously published.

But, while the *Times* thus endeavors, on the plea of "official reports," to hide its own shortcomings, it has not the slightest compunction to *falsify dates* in order to *make its readers believe* that its reports are published promptly.

Thus, in its issue of January 19th, it has changed the date of the meeting of the Pathological Society, which was held NOVEMBER FOURTEENTH, to JANUARY NINTH!

With the well-known care of the editors, and their self-proclaimed conscientiousness in the matter of reports, a typographical error is out of the question; NOVEMBER is not very readily mistaken for January, and the 14th for 9th. By the falsification of the date, the *Times* silently admits that it *ought* to publish the reports sooner, and practically circumvents the law which it lays down itself. Still the matter is of no importance. The reader loses nothing when he is made to believe that a meeting actually held November 14th, 1860, took place January 9th, 1861; only it might be well to have the correct date appended to an "official report."

But, perhaps, like the recipients of Paddy's letter, which was dated a few weeks in advance, so as to give the latest news, the readers of the *Times* may be satisfied with their blissful ignorance, unless, what is very likely to happen, they should stumble on a copy of the REPORTER dated a month or two previously.

INTERNATIONAL UNIFORM FOR ARMY PHYSICIANS AND SURGEONS.

Some of the European governments have lately entered into negotiations regarding the matter of army physicians and surgeons. During the last Austrio-Sardinian war, it happened several times that surgeons were killed in the battle, because there was nothing to distinguish them from other officers. All feelings of humanity revolt at the idea that a surgeon, while the work of brutal destruction is going on around him, and he alone ministers to humanity amidst the groans of the wounded and dying, should be cut down by a sabre, or transfixed with a bayonet, while on his errand of mercy.

Physicians are not cowards, Heaven knows. There is in our ranks quite as much heroism, and there has been quite as much martyrdom as in any other profession. It is not from want of courage that the adoption of inter-national measures is urged, which would protect the army surgeon from the enemy's bullet and lance, but simply to secure to the poor wounded victims of war a better opportunity of obtaining relief.

The best plan which has been offered, is, that by an inter-national agreement, the army surgeons and physicians of all nations shall wear the same uniform, or that the latter have at least some peculiar and easily recognizable feature, common in all, which would, at all times, and under all circumstances, prove a protection.

There is no reason why this plan should not be carried out. A great deal of fighting is in the perspective of the year upon which we have just entered. Before the beginning of our next volume the whole of Europe may be in arms. But while nation is arrayed against nation in deadly strife, let medicine, or "Clinical Christianity,"—to use the words of the venerable Dr. Alexander H. Stevens—at least remain unshaken and unmoved by the noises of fratricidal combat.

While the humane spirit of the age leads to such measures among the nations of the Old World, it is mortifying to behold in our country some physicians and representatives of the medical press, so lost to all that is high and ennobling, that they unblushingly, and without shame, attempt to sectionalize science for the sake of their own selfish interests. We tell these men that secession or no secession, union or no union, war or no war, the great heart of the profession in this country will not allow sectionalism to triumph over science, and that when the excitement of the hour shall have passed, and the darkness which now overcasts the political sky shall have given way to sunshine once more, they will find that they have unskillfully played with a boomerang—a projectile used by some Islanders, which, when thrown by the inexperienced, is apt to come down forcibly on the projector's nose.

It was stated in some recent editorial remarks that the treatment of mania-a-potu in the Pennsylvania Hospital was the expectant, anti-spasmodic. This remark is not correct, we learn, so far as the practice of Dr. Gerhard, one of the Physicians of the Pennsylvania Hospital is concerned, who always pursues the stimulant practice.

At its last meeting the New York Academy of Medicine *prohibited, by an almost unanimous vote, the practice of reporting its proceedings in the secular papers.* We are glad that our urgent appeals have found so ready a response. Now is the turn of the Medico-Chirurgical College.

Correspondence.

ATTEMPTED SUICIDE BY ARSENIC—UNUSUAL SYMPTOMS.

Messrs. Editors:—Having had a case of poisoning from arsenic, by attempted suicide, a short time ago, which, as it presented some rather unusual symptoms, I thought it worthy of publication.

The case occurred at a distance of about two miles from my place of residence, between the hours of nine and eleven o'clock A. M. Symptoms of poisoning commenced at about half-past ten o'clock, when a messenger was sent immediately for my assistance, informing me what had taken place. I thereupon hastened to give my aid as soon as possible, and arrived at about eleven o'clock, (which I afterward learned

was an hour and fifteen minutes after the poison had been taken.) I found the patient in a state of extreme excitement, attempting violence upon those around him, and almost perfectly uncontrollable; with a flushed countenance, injected eyes, bulging almost out of their sockets, small quick pulse, severe spasms, and loss of consciousness; he did not appear to recognize his nearest friends; his thirst was extreme, and he would swallow with avidity whatever we gave him to drink. I therefore found no difficulty in administering medicine, and immediately gave him large doses of sulphate of zinc in solution, and demulcent drink. Copious emesis soon followed and continued for some time, after which the threatening symptoms began to subside. Not having the customary antidote (hydrated sesqui or peroxide of iron) at hand, I administered the subcarbonate in large doses, and afterward demulcents and opiates.

The patient recovered perfectly. The amount of arsenic taken is unknown. He informed a friend, a short time before he committed the act, that he had purchased a shilling's worth of arsenic, (which would be about half an ounce, the value of the drug being about twenty-five cents per ounce,) and that he intended destroying himself by taking what he had purchased. I found in his room, upon the window, a paper containing about one and a half or two grains of the drug. Can it be possible that he had taken nearly half an ounce and yet escaped death?

Chas. E. Shoemaker, M. D.
Orefield, Lehigh co., Pa.

Messrs. Editors:—I wish to ask the following questions, through your journal:—Will a child born after the mother has had small-pox, and contracted after she has conceived, be liable to contract the disease? Would the period of pregnancy have any thing to do with susceptibility, and if so, what?

I have a case of the kind which has never been vaccinated, now four years old. I have an opinion, but would like to hear from the profession upon the subject.

Yours, &c.,
S. W. Trimmer, M. D.
White Haven, Pa., Jan. 18, 1861.

——o——

Orfield, the celebrated French chemist, being examined as an expert on a capital trial, was asked by the president if he could tell what quantity of arsenic was requisite to kill a fly. The doctor replied, "Certainly, M. le President; but I must know beforehand the age of the fly, its sex, its temperament, its habits of body; whether married or single, widow or maiden, widower or bachelor. When satisfied on these points I can answer your question."

NEWS AND MISCELLANY.

On the Diseases of Printers—By Dr. van Holsbeek.—Dr. van Holsbeek having enumerated the diseases resulting from over work, from intemperance, want of cleanliness, vicious habits, protracted watching, etc., proceeds to speak of the morbid affections more specially belonging to the printers' art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumors are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumors sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lip are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. Dyspepsia is frequent, as is diarrhœa; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryngitis and bronchitis are the principal; pleuritis is rare; pleuropneumonia is frequent and severe. These diseases are favored by the curved position which the printers are obliged to maintain during their work, particularly when they correct on the forms, and still more by the night-work, by gaslight, by the dust and emanations in places often confined and badly ventilated. Nearly twenty-five per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hemorrhoids are rare; varices and varicose ulcers are of frequent occurrence; the compositors who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the author successfully employs the electric current. Saturnine colic and paralysis are rarer than formerly, an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it; lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index finger of the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habit the printers have of washing themselves with alkaline water or bad soap. Amblyopia and myopia, so very prevalent among typographists, terminate the sketch drawn by the author of the diseases of this interesting class of artizans, with whom we are in daily

contact, and whose intelligence and diligence we have constant reason to admire.—*Lo Sperimentale*, December 1859, p. 560.—*Ohio Med. and Surg. Journal.*

The Insane at the Philadelphia Almshouse.—During the year 1860 there were 758 patients treated in the Insane Department of the Philadelphia Almshouse. On the first of the year there were 439 in the institution, 167 men and 272 women; 132 men and 189 women were admitted during the year. There were discharged 283, of whom 125 were men and 158 were women. Of these, 54, or 22 men and 32 women, were discharged *cured;* 103, or 43 men and 60 women, were discharged *improved;* 49, or 22 men and 37 women, were discharged *unimproved;* while 77, or 38 men and 39 women, died, being a mortality of a little over ten per cent.

The number of patients remaining in the Hospital on the 31st of December, was 475, or 174 men and 301 women.

Ireland furnished about 40 per cent. of the patients; Germany about 16 per cent., and those of foreign birth amount in all to over 62 per cent. About 35 per cent. were natives of the United States.

The wards are much over-crowded, to the great detriment of good order and proper treatment. The means for treating the patients are very limited. It will be necessary, before long, to provide new accommodations for the insane poor of this city, and it is to be hoped that suitable buildings will be erected beyond the city limits, where all indications of fresh air, a plenty of room for out-door exercise, and labor for the men, and a sufficient distance from the city to the institution from being the resort of the hordes of mere curiosity mongers, who now infest it, much to the disadvantage of the patients.

Dr. S. Wylie Crawford, the surgeon now stationed at Fort Sumter, is a Philadelphian. He entered the army in 1851, and was the first on the list. Since that time he has been mostly in frontier service. He acted once as bearer of government dispatches to Mexico, and made on his own account some geographical explorations in the volcanic regions of that country.

Manganese.—An extensive deposit of this mineral has recently been discovered in Berks county, Pennsylvania. With the exception of an inferior quality found in the State of Vermont, this is the only locality from which it is obtained in this country. Manganese is mostly used in bleaching, pottery, and glass making.

Another New Remedy for Tænia.—In addition the vaunted powers of Kouso, Kameela, and Pumpkin Seeds, an infallible remedy is now claimed in the Panna Root, an African product of the Ansepidium Anthamanticum.

A New Silk Worm on the Condemned Alianthus Tree.—Among the recent discoveries in the arts is the production of a new description of silk by a worm which subsists on the well-known Alianthus tree, so much condemned here for planting in the streets. This worm has been introduced into France by permission of the Emperor. It lives in the open air, and produces two crops each year of a strong fibre which has been in use for centuries in China in the manufacture of clothing for the common people. It is stated that in the experiments, made on a large scale in France, this worm has produced a return of cent. per cent., whereas the *mulberry* silkworm has, under favorable circumstances, produced but fifteen per cent. on the capital invested. It is not proposed to substitute this material for the silk now obtained, but it promises to afford a cheap and economical clothing for the mass of the people, resembling nankeen.

The first information obtained of this new product was from the British Consul at Shanghai, about the year 1848. It was then lost sight of in England, and in 1851 specimens were found at the Great Exhibition, but again mislaid; at least so say the cunning ones, who do not like to acknowledge that they have been outstripped in such a discovery by their neighbors.

From the fact that we have lately heard of a new demand in this vicinity for these long discarded trees, we have no doubt but some enterprising speculator has undertaken this improved plan of the *Multicaulis* business. If so, it is at least to be hoped that too many may not embark in it until they see their way.—*Inquirer.*

Street Accidents in Paris.—A Paris letter, quoted in the *Lancet*, says, that "according to statistical returns prepared by M. Poursageaud, a distinguished geometrician, the too great number of carriages which perambulate Paris cause the death annually of 700 persons, and wound 5,000. Woe to the deaf and the blind! woe to the absent man! In some public places coachmen advance on the pedestrian from five or six quarters simultaneously, and when they do not drive over him they insult him, and he deems himself fortunate to escape with insult. It follows from M. Poursageaud's calculation that carriages in Paris kill and wound more people than all the railways in Europe. They kill and wound more people than the four million of carriages in the rest of France. The proportion between the victims in the provinces and in Paris is 1 in the provinces to 400 in Paris."

Lazaretto Physician.—Dr. Shoemaker, of Carbon county, has been appointed, by Governor Curtin, physician to the Lazaretto.

Births, Marriages and Deaths.—During the last six months there have been registered in this city 8,434 births, 2,319 marriages, and 6,342 deaths. Of the births, 4,426 were males, and 4,008 females, an excess of male births equal to 10.14 per cent. The Nineteenth Ward furnishes the largest number of births, 623, and the Eighth Ward the least, the number being 184. The month of August appears to have been the most prolific, the number of births being 1,575. In December there were only 1,247. The births of colored children numbered but 148; males 82, and females 66. Of the whole number of births there were 57 cases of twins, and 2 of triplets.

Total number of deaths during 1860, 11,568; whites, 10,949; colored, 617; males, 6,109; females, 5,459; male minors or children, 3,594; females, do., 3,125: male adults, 2,515; females, do., 2,334. Deaths from registered diseases, 10,055; do. from still born, 719; do. from old age, 213; do. unknown, accidents, &c., 581.

Appointment of Vaccine Physicians.—The following appointments of Vaccine Physicians have been made by the Board of Health:—First Ward, Dr. R. Reyburn; Second, William Notson; Third, N. C. Reid; Fourth, G. J. Chamberlain; Fifth, C. P. La Roche; Sixth, J. C. Cooper; Seventh, R. W. Ritchie; Eighth, Wm. Moss; Ninth, no appointment; Tenth, H. St. Clair Ash; Eleventh, G. B. Lummis; Twelfth, L. E. Nordman; Thirteenth, W. C. Dixon; Fourteenth, Benjamin Phister, jr.; Fifteenth, E. B. Jackson; Sixteenth, Daniel Hershey; Seventeenth, Joseph W. Rowe; Eighteenth, Isaac McBride; Nineteenth, J. S. Rihl; Twentieth, no election; Twenty-first, J. C. Houston; Twenty-second, D. P. Pancoast; Twenty-third, J. F. Lamb; Twenty-fourth, Elisha Crowell. For the quarter ending January 23d, 1861, 3,005 persons were vaccinated.

Northern Dispensary.—Dr. D. D. Richardson, at present one of the Resident Physicians of the Philadelphia Hospital, and known to the profession as a teacher in his specialty of diseases of the chest, has been appointed Resident Physician of the Northern Dispensary.

Density of Population.—The average population to each house in Philadelphia is, according to the census, 6.32 persons, whilst in the city of New York the rate is nearly fifteen persons to each dwelling. The number of dwelling houses in Philadelphia is more than double that of New York.

A Sanitary Congress will shortly assemble at Lyons, France. It is to be composed of representatives from the chief cities of France, Greece, and the Island of Malta, as also the principal cities along the Mediterranean Sea.

The Use of Ergot of Rye in Blenorrhagia, etc.—In a memoir upon this subject, M. Lebel states that, after a due consideration of the phenomena of contractility, which are produced by the ingestion of the ergot of rye either medicinally or when contained in the food, he determined to avail himself of its astringent effects in affections of the canal of the urethra, of the prostrate gland, and of the vagina, and that he has been very successful in curing numerous cases of mucous discharges by the administration of this drug.

Dr. Desruelles, one of the professors at Val-de-Grace, has also for many years made use of this therapeutic agent with considerable benefit in cases of urethral discharges.—*London Med. Rev.*

The Dental Cosmos.—Our subscription list embraces a large number of dentists. It may be a work of supererogation—we hope it is—but we would again call their attention, as well as that of our numerous medical readers, to the valuable publication named at the head of this paragraph.

The *Cosmos* is the most thoroughly practical dental publication that we know of. Its articles are, in the main, short, and its resumé, in each number, of dental and of medical literature in its relations to dentistry, is almost exhaustive. The latter department is under the supervision of Dr. Geo. J. Zeigler, of this city, and is conducted with marked ability. One feature of the *Cosmos* deserves commendation. *It is honest.* It invariably, we believe, gives credit for any information it finds in other journals that it thinks will be profitable to its readers. This is a voluntary tribute to real worth.

"Lost, Strayed, or Stolen."—The *Dental Register of the West* for January copies an editorial article from this journal without credit.

The *Journal of Materia Medica* copies an article into its December number from this journal for which no credit is given. This article appears in the journal among its original communications. In the department of "Selections" and "Pharmacy" are several other articles taken from the REPORTER without the slightest intimation of the source whence they are procured.

The *Druggist's Circular*, published in New York, copies several articles from the REPORTER into its January number without a word of credit.

Further comment is unnecessary.

Errata.—In an obituary in our last week's number, two errors occurred, (p. 438.) Instead of Beecher read Bucher, and instead of "29th" read "22d" of December.

"Harris Testimonial Fund." — The late Dr. Chapin A. Harris, of Baltimore, was highly respected in the dental profession, both for his talents and private worth. This respect has taken a shape since his death, that is likely to give his family a practical and tangible proof of the esteem with which his memory is cherished. At a meeting of dentists, held in New York recently, Drs. Eleazer Parmly, Solyman Brown, and E. J. Dunning, were appointed a committee to raise a money testimonial to be presented to the widow of the late Dr. Harris. This committee is authorized to appoint subcommittees in America and Europe for the purpose of carrying out the object of the meeting and giving all dentists an opportunity of uniting in this testimonial to genius and worth in one of their profession.

At the meeting of the Surgical Society of Paris, October 10, Chassaignac exhibited a patient who produced and reduced at pleasure a luxation of the crystaline lens. The lens remained transparent. M. Larrey related a case which he had seen in his practice quite like this one, in which the crystaline lens did not become opaque until three or four years after the luxation.—*Cincin. Lanc. and Obser.*

Citric Acid in Acute Rheumatism—Dr. Hartung, of Aix-la-Chapelle, is very enthusiastic on the employment of citric acid in the treatment of acute rheumatism, since he does not hesitate to place it above all other remedies used for the treatment of this disease. He prescribes 6 grammes (94 grains) in 150 grammes (about 5 ounces) of water, with two or three ounces of syrup, and orders a teaspoonsful of this solution to be taken every hour, night and day.—*Amer. Med. Monthly.*

MARRIAGES.

KELLY—MORGAN.—On the 10th inst., at the residence of the bride's father, by Rev. E. Bushnenn, William J. Kelly, M. D., to Mary J. Morgan, all of Fremont, Ohio.

BREWER—COOKE.—January 5th, at Fort Riley, Kansas, by the Rev. G. D. Henderson, Assistant-Surgeon Charles Brewer, U. S. A., and Miss Maria Pendleton, second daughter of Colonel Philip St. George Cooke, United States Second Dragoons.

MCCULLOCH—WILSON.—In Wapello, Iowa, Jan. 1st, by Rev. J. M McElvoy, Dr. S. C. McCulloch, of Kirkville, Iowa, to Miss Ann A. Wilson.

Answers to Correspondents.

W.—Four Junior Resident Phycicians to the Philadelphia Hospital will be appointed about the first of April. The term of service is two years, the first year as Junior and the second as Senior Resident.

Address the Secretary of the Board of Guardians.

B. C.—The forms of obstetric forceps mostly in use in this city are Davis', Baudelocque's, Hodge's, and Bethell's.

M.—As far as we have heard, success has followed every operation for hernia by Dr. Agnew's method. The adhesions formed, which close the canal and rings, are more extensive than by any other process, and the permanence of the closure is, therefore, more probable.

Address the instrument makers.

G.—The uncertainty of the narcotic properties of the extract of hyoscyamus has been repeatedly noticed.

Extreme narcotism has been produced by four or five grains, and we once administered half a dram without producing any impression.

K.—In the hypodermic use of remedies it is safest to first use a quantity less than the ordinary dose for internal administration. Some persons seem to be peculiarly impressible by subcutaneous injections. There have been a number of instances of severe symptoms produced by sulphate of morphia thus used, and a case in the Philadelphia Hospital recently showed the full toxic effects of atropia hypodermically injected to relieve pain.

COMMUNICATIONS RECEIVED.

Alabama— Dr. E. H. Scholl, (with encl.) *Connecticut*—B. Welch, (with encl.) *Delaware*—Dr. T. C. Rogers. *Indiana*—W. O. Sterne, (with encl.,) W. E. Chapman. *Illinois*—Dr. B. Woodward, Dr. N. E. Ballou, (with encl.,) Dr. G. Irwin, (with encl.,) Dr. R. F. Hayes, (with encl.,) Dr. G. L. Owen, (with encl.,) Dr. J. L. Perryman, (with encl.,) Dr. M. Shepherd, (with encl.,) Dr. J. M. Mack, Dr. G. H. Bane, (with encl.,) Dr. A. Hurd, (with encl.) *Iowa*—Dr. M. Cousins, (with encl.,) Dr. I. Langer. *Kentucky*—Dr. D. Johnston, Dr. J. H. Bridwell, (with encl.) *Missouri*—Dr. C. A. Pope, (with encl.) *New Jersey*—Dr. R. M. Cooper, (with encl.,) Dr. L. Drake, Dr. J. B. Vanderveer, (with encl.,) Dr. S. R. Smalley, (with encl.,) Dr. S. Rosenberger, Dr. T. Kitchell, (with encl.) *New York*—Dr. J. Farrar, Dr. W. E. Whitehead, (with encl.,) Dr. W. Kilmer, (with encl.,) Dr. W. Gould, (with encl.,) Dr. A. S. Griswold, (with encl.,) Dr. Williard. *North Carolina*—Dr. W. T. Sutton. *Ohio*—Dr. T. Simpson, Dr. MacNicholl, (8) Dr. S. Silsbee, (with encl.,) Dr. T. Carroll, (with encl.,) Dr. F. Roelkner, (with encl.,) Dr. J. Greenwold, (with encl.,) Dr. B. M. Failor, Dr. J. Frank, (with encl.,) Dr. Fischer, (with encl.,) Dr. F. Schmidt, (with encl.,) Dr. J. H. Pulte, (with encl.,) Dr. P. G. Fore, (with encl.,) Dr. M. T. Carey, (with encl.,) Dr. Bosler, Dr. O. E. Newton, (with encl.,) Dr. J. P. Walker, (with encl.,) Dr. A. L. Carrick, (with encl.,) Dr. L. Eyman, (with encl.,) Dr. J. M. Scudder, (with encl.,) Dr. J. Steiuride, (with encl.,) Dr. T. J. Wright, (with encl.,) Dr. J. Ludlow, (with encl.,) Dr. G. Mendenhall, (with encl.,) Dr. J. Garretson, (with encl.,) Drs. Elsten & Nixon, (with encl.,) Dr. J. A. Doherty, (with encl.,) Dr. R. S. Newton, (with encl.,) Dr. S. Sexton, (with encl.) *Pennsylvania*—Dr. E. Losey, Dr. G. Garman, Dr. George Ellis, (with encl.,) Dr. J. R. Ludlow, (with encl.,) Dr. A. M. Sigmund, Dr. C. E. Shoemaker, (with encl.,) Dr. D. W. Braden, (with encl.,) Dr. G. N. James, (with encl.,) Dr. A. H. Halberstadt, (with encl.,) Dr. B. S. Kendig, (with encl.,) Dr. J. D. Winters, Dr. E. H. Pentz, Dr. J. S. Shimer, (with encl.,) Dr. S. W. Trimmer, Dr. J. A. Wolf, Dr. R. Brown. *Virginia*—Dr. L. M. Sencindiver, Dr. P. M. Cline, Dr. R. Campbell, (with encl.) *Wisconsin*—Dr. M. P. McCafferty.

Office Payments.—Dr. W. Clendaniel, J. W. Fairlamb, Dr. J. K. Reed, [Pa., by Mr. Hulme,] Dr. J. R. Earhart. By Mr. Swaine: Drs. Hobensack, Hanly, Dr. D. R. Gardiner, R. Gardiner, Lee, Galen, Reyburn, Brinkle, Parker, and Crowley.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 224. } PHILADELPHIA, FEBRUARY 2, 1861. { NEW SERIES, VOL. V. NO. 18.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Encephaloid Cancer of the Testicle, with a Case; Delivered at the Pennsylvania Hospital, January 9th, 1861.

By Joseph Pancoast, M. D.,

Professor of Anatomy in the Jefferson Medical College.

[Condensed from Phonographic Reports.]

This was a singular case of disease of the testicle, in which the positive diagnosis could not be determined until during the operation. Before operating, Dr. Pancoast said that his colleague (Dr. Norris) and himself had carefully examined the case, but none of their examinations resulted in a positive idea of the nature of the disease.

The man is a sailor, 34 years of age. He has never contracted any venereal disease; has had no scrofulous affection anywhere; is in the enjoyment of perfect health, having had but little sickness in the course of his life, and presents the appearance of the most perfect health. He has an enlarged globular scrotum, and this is the only evidence of disease about him. It cannot be a gonorrhœal affection, involving the parts within the scrotum—hernia humoralis—nor an orchitis, dependant upon some irritation made upon the prostrate or upon the membranous portion of the urethra by the passage of bougies, which often gives occasion to chronic enlargements of the organ; the history of the case is all to the contrary.

Nor can it be a scrofulous or tuberculous testicle, the appearance of the man's general condition being sufficient to exclude any such cause.

The patient is too young and too hearty to cause a suspicion of hydrocele, though it may possibly be such a tumor, with exceedingly thick walls. If the man had had a hernia humoralis or an orchitis, or suffered some recent injury, it might have been supposed that the gland had inflamed and swelled up, and, subsiding after a time, left a hydrocele.

The tumor is not particularly heavy, though it is heavier than a simple collection of water (the same size as the tumor) would be.

All these solid tumors were originally called sarcocele, no matter what the origin. If there was water present, the tumor was a hydrosarcocele, etc.; but the word sarcocele, meaning merely a fleshy swelling, has been excluded from modern surgery as a vague term.

The term sarcocele was often used to denote a chronic enlargement of the testicle, sometimes dependant on a badly treated gonorrhœal affection, or chronic enlargement of the epididymis, occurring idiopathically. Scirrhous degeneration of the testicle, and various other forms of disease of that organ, were all denoted as sarcocele.

It is a question whether this tumor be not a hydrocele. If so, it has a most extraordinarily thick and dense serous coat. There is no distinct fluctuation as of water; but there can be distinguished an indistinct movement, approaching fluctuation, and, when pressed upon, it seems partly fluid, and presents the same resistance to the hand in all its parts.

Is it a scirrhous testicle?

When there is a scirrhous testicle, or cancer in its chronic stage, the tumor is always hard, heavy, and irregular. This is not the case in the present instance.

Again: a scirrhous tumor is very painful, and especially so after handling. The patient never experienced any sensation of pain from this tumor, though it has given him a painful dragging sensation on account of its weight; but he has no shooting, darting, lancinating

pains, and therefore it can scarcely be considered cancer.

We are therefore led, by exclusion, to the conclusion that it is either a case of hydrocele, an hydatid enlargement of the organ, or a case of encephaloid cancer of the testicle. It is in just the class of persons which this man represents that we find cases of encephaloid disease of the testicle. Prof. Pancoast has operated for encephaloid testicle on lads of fifteen and sixteen years of age, and also in men of fifty and sixty, though it is usually in men under the age of thirty years that encephaloid disease occurs.

There is one peculiarity about this form of disease—that it forms in the body of the testicle. It begins in the glandular structure of the organ, within the tunica albuginea; whereas in epididymitis, orchitis, scrofulous and tuberculous testicle, the disease is very apt to begin in the epididymis. But in encephaloid testicle it is the body of the gland that is most affected, and sometimes exclusively. When this is the case, the tumor retains the same globular shape of the testicle as in the present instance. The testicle of the patient is, perhaps, rather rounder than it should be, and somewhat broader in proportion to its length.

In encephaloid cancer of the testicle, there is seldom any pain in its commencement. Hence, from the want of pain in the tumor, its round and globular shape—from the freedom of implication of the cord—from the age and healthy aspect of the patient—the disease is quite as likely to turn out to be encephaloid disease as to prove an unusual case of hydrocele or hydatids.

Then the question arises as to what could have been the exciting cause of these encephaloid tumors. A single blow on the testicle is often a common cause of the development of encephaloid cancer.

The worst form Dr. Pancoast ever met, was produced in a young man by a blow from an apple thrown at him by a friend. In these instances the blow breaks some of the delicate blood-vessels contained in the cellular tissue of the organ; blood is poured out from them, and a disease is set up which takes the form of cerebriform cancer. The first stage of the disease is effusion of imperfect plasma in the body of the organ among the lobules, which forms into a little grayish mass, remaining dormant for a long time, and then gradually developing; cells are formed containing nuclei, which, forming into cells, burst their envelopes, and become in their turn mother-cells, which burst again as new cells are developed, and thus the growth becomes larger and larger; and, as these cells press upon the lobules, they drive the seminal fluid out of the seminiferous tubes entirely and occupy its place. Then softening commences, and the disease invades even the hard, fibrous albugineous coat of the organ; the development of these cells increases, the fibrous coat is softened and made to yield in all directions, and all this without causing much pain. So it advances, and, while it remains even of considerable size, there is no change visible in the surface of the skin; but, when it attains a certain size, the parts become excessively vascular—there is always increase of vessels, and hence the skin has a violaceous color, and is covered with large vessels, while the cord eventually becomes also enlarged. When the tumor has gone on to this stage, it is too late to attempt a cure by an operation for its removal; for, by this time, the cancerous matter has passed into the absorbent vessels, whose course it follows into the glands—not the glands of the groin, for the absorbents from these parts pass up into the cavity of the pelvis, and the first glands they meet are the lumbar glands placed upon the sides of the iliac arteries; and if, in a case of encephaloid disease of the testicle, but one single gland in the lumbar region can be felt enlarged, it may be taken for granted that it would be almost in vain to perform an operation; for, if the glands have become involved, there is no help for the patient.

Sometimes these enlargements are developed so that they look somewhat like the pancreas, and for this reason the tumor they form was formerly called the Pancreas of Asselli.

The tumor of the patient in question presents nothing but an enlarged globular appearance. The skin of the scrotum is perfectly natural in appearance.

It gives an indistinct sense of fluctuation, like that which would result from cerebriform cancer when becoming soft.

To determine the nature of the affection, as to whether it was hydrocele or encephaloid disease, a small trochar was passed into the centre of the mass, and the point was found to move about very freely in the tumor, showing that the contents were very soft, while blood flowed freely along the edge of the instrument proving the structures to be vascular.

A cautious opening was made to see whether the tumor contained a collection of water in an unusual place, or whether the gland itself was enlarged and soft and malignant; the desire of the patient being that if the latter should be found the case, it was to be removed while he was still under the influence of ether.

As it would be necessary to detach the cord in case the disease proved cancerous, and the testicle had to be removed, the ecraseur was chosen to divide the cord in mass, instead of strangulating it by a strong ligature, or cutting the cord little by little, and ligating the arteries as they spring, which is the plan preferred by many surgeons.

The cremaster muscle, being attached to the cord, would jerk the divided end within the external abdominal ring, and if any blood should flow, contrary to the usual experience with the eccraseur, it would pass into the cavity of the abdomen and might produce serious mischief.

To provide against any possibility of this, or of secondary hemorrhage, it is always advisable to pass a ligature through the cord, above the point where the eccraseur is to be applied, so that, if necessary, the cord could be drawn down.

As a lancet-shaped needle might puncture some of the vessels, the ligature is best applied by means of a darning needle, which may be worked through so as to go between the vessels.

Hernia humoralis, chronic epididymitis, orchitis, etc., usually occur on the left side; and many writers have endeavored to discover some assignable cause for this peculiarity. It has been supposed to be owing to the general habit of carrying the scrotum on the left side of the pantaloons; and Ricord states, that in one case in which he met hernia humoralis on the right side, the patient was in the habit of carrying his scrotum on the right side of the seam in his pantaloons.

The tumor in the present case occupies the right side of the scrotum.

The operation was then performed by dissecting the different layers, one by one. A very small opening was made first, a fold of the skin of the scrotum being raised up and the knife passed flat through the base, then through the dartos muscle, down to the tunica vaginalis communis, which was grasped up in like manner, and opened on the groove director, and the knife passed through.

The tunica vaginalis was found adherent to the tumor, all over; the body of the testicle itself appeared to be the seat of cerebriform cancer in its early stage, without excessive softening, yet some fluctuation; a small opening made into it fully determined its malignant character.

The testicle was taken out with its serous tunic by drawing it from its bed, a plan much preferable to dissecting out the tumor, as it gives complete access to the cord, at the same time bringing away with it all the adjacent cancerous matter.

There was no apparent disease of the cord, which was then ligated by the needle being worked through, in the manner described, the thread being knotted so as to form a loose loop.

The ecraseur was then placed around the cord, close up to the thread and just below it, and gradually tightened—about seven minutes being consumed in the operation of cutting the cord; for if the parts be divided quickly, it defeats the main object of the employment of the instrument, which is, that the vessels may be divided, avoiding hemorrhage, by slowly crushing them under the chain of the instrument. The action of this instrument is such that the most vascular tumor may be removed without hemorrhage following, provided time be given for its removal. The cord was divided without loss of blood, and the piece cut off was so bruised as to be bloodless, hard, and firm, looking like a piece of india rubber before it has taken the dark hue. The cord appeared perfectly healthy, and not even enlarged. The parts were dressed in the usual manner.

The timely operation in this case may protect the patient from a return of the disease; but, with our knowledge of the disposition of these tumors to prove fatal in the breast of the female, and even more so in the scrotum and testicle, there is reason for doubt in the prognosis.

If it should return, affecting the deep-seated lumbar glands, the disease will be entirely beyond relief.

Practical Men.—Those were practical men who resisted the theory of Mr. Arkwright's machine, under the pretence of throwing the poor out of employment; those were practical men, who, being wigmakers, petitioned George III. to cut off his hair and wear a peruke, in order to set the fashion. Imagine the contemptuous scorn with which the honest wigmakers must have regarded a theorist opposed to wigs.

The public only reward in science that which is addressed to their wants. The application of science to useful purposes may thus be left to the public for reward; not so the discovery of the theories on which the application is found.—*Bulwer.*

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 37.

Fauces—*Continued.*

Practical Remarks.—The tonsils are the seat of several morbid processes. *Tonsillitis*, or acute inflammation, of these organs is by no means uncommon, especially in damp winter seasons. The phenomena which accompany it are explained by the anatomical relations. They are apt to be simultaneously attacked. The narrow passage of the fauces becomes greatly diminished by their internal projection. This is produced by the resistance, partly of the pharyngeal aponeurosis on the outside, and partly by the strong contraction of the constrictor muscles of the pharynx under the stimulus of the disease. There is great difficulty in swallowing even fluids, the contact of which excites spasmodic contraction of the whole muscular apparatus of the fauces, by which they are either expelled from the mouth or regurgitate into the nasal passages. The nerves of sensation and motion to these several parts, being derived from a common source, and all bound together by the most delicate sympathy, will explain these effects. There is a constant discharge of thick, tenacious, ropy mucus which comes from the glands. There is difficulty of breathing, amounting, in bad cases, almost to suffocation. This follows from the soft palate and posterior arches being pressed back toward the posterior nares and posterior wall of the pharynx, so as to interrupt the column of air in its passage toward the larynx. This embarrassment to the respiration causes the livid color of the face which betokens imperfect oxygenation of the blood. The head is extended or thrown back, thereby elongating the neck. This position is common in all cases of difficult respiration from obstruction of the air-passages, and is a natural instinct of the system, in order that the sterno-cleido-mastoid muscles, which, having one extremity attached to the mastoid portion of the temporal bones, and the other to the sternum and clavicles, may be placed in a favorable position to elevate the walls of the chest, thus reinforcing the ordinary muscles of respiration in this time of emergency. In these severe cases there is no doubt an extension of the inflammation and swelling to the parts about the epiglottis, which will contribute to produce the same results. The hearing also becomes obtuse from the encroachment of the swelling upon the Eustachian orifice; or there may be ear-ache from the connections existing between the nerves of the fauces and the branches of the fifth pair which reach that organ. For the same reason, the teeth and the face may become painful, the fifth pair supplying all these parts with sensibility.

In acute tonsillitis, the glands become excessively loaded with blood, and accordingly they are found intensely red, intermixed with livid spots, in consequence of obstruction by pressure upon the veins of the organs. It is not, therefore, to be wondered at that, if incision be made into their substance while in this condition, free hemorrhage will ensue.

Abscess of the tonsils may occur, as the direct consequence of the previous condition. From the dense nature of the interfollicular connective tissue, the purulent collections are very much circumscribed. The suffering and urgency of the symptoms which result from the proximity of the larynx, demand prompt treatment. Should the accumulation be near the summit of the gland, (the part which projects beyond the arches,) it can be punctured by a sharp-pointed bistoury carried directly back. As the dorsum of the tongue rises up to a degree which intercepts a view of these bodies, in some measure, either in health or disease, there arises a necessity for pressing it down by a spatula or depressor, when the object is either to inspect or lance. In either case the tongue should not be thrust out of the mouth, as by so doing the root is elevated, and the anterior arches so stretched as greatly to diminish the faucial space. Should the abscess be seated near the base of the tonsil, it will, of course, be covered by the anterior arch. In such a case it will be best reached by pushing the bistoury directly through that arch. There is nothing contra-indicating such a course. Certainly the internal carotid, which is but a little separated from the base, will be out of harm's way. Whereas, should a different course be adopted, that of cutting into the gland between the arches, the point of the instrument would have to be placed at such an angle, that any sudden start on the part of the patient, or un-

skillful movement by an unpracticed hand, might penetrate the vessel. Death has occurred from the sudden bursting of a tonsillar abscess, the pus flowing into the larynx and trachea, and thus suffocating the patient. A distressing case of this kind occurred in the person of a medical student during the winter of 1859. I had paid him a visit, and insisted on being allowed to incise his tonsil, which was much tumefied, with evident marks of the presence of pus. His consent could not be obtained, and in twenty minutes after leaving his boarding-house he suddenly sprang out of bed, and fell upon the floor, perishing in a few moments. The abscess had broken posteriorly, pouring its contents into his windpipe.

Hypertrophy.—Permanent enlargement of the tonsils is by no means uncommon. It is, in all cases, due to a peculiar constitution of the blood, and also some defect in the nutritive act. Thus it is seen in young subjects of a strumous or scrofulous constitution. The hypertrophying material is deposited in the parenchyma of the gland, consisting either of a shapeless blastema, or more frequently of new productions of connective tissue. The slightest exposure enkindles inflammation, and thus one attack after another serves to renew plastic material for increase. This may become so dense as to cut almost like gristle. Their vascularity is diminished by hypertrophy, in consequence of the density of the newly-formed elements, obliterating the vessels by compression. Hence, when not inflamed, they may be excised without much risk of hemorrhage. Occasionally a very profuse and continued flow of blood follows their removal. In these cases it will often be found to proceed from two or three points. The walls of the vessels having, by the inflammatory process, become bound to the surrounding textures, rendering them unable to contract, their orifices remaining patulous. Or the contractility of the surrounding parts may be lost from the exudation undergoing an earthy transformation, the vessels, in consequence, lying in rigid, almost immovable canals. Persons laboring under this strumous enlargement of the tonsils, have a peculiar nasal intonation of voice very characteristic of the disease. The sensibility of the tonsils diminishes in proportion to their hypertrophy, their sources of innervation being disproportionate to their bulk.

Removal.—Experience has established the utter futility of local remedies in the great majority of cases of hypertrophy, and hence the general recommendation of removal. In performing this operation, it is only necessary to excise the portion which projects beyond the arches, or, at most, a very little more. Should a dangerous flow of blood follow, there will be a sufficient mass of the gland left to be encompassed by some compressing mechanism. The stump which remains gradually shrivels up, and, by the time cicatrization is perfected, is scarcely visible.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Continued from page* 428.)

If, in the first place, it should be well established that there exist no other grave lesions beside the abdominal tumor, it must, in order to admit the idea of extirpating the tumor, be proven conclusively that it is constituted by a cystic degeneration of the ovary.

We could not, without entering into considerations foreign to the subject of this paper, expose the particular symptoms of tumors of the ovaries. The learned researches, in France, of Drs. Cruveilhier, Cazeau, Bunchet, the more recent and special memoir of M. Boinet, elucidate and overcome the difficulties, numerous enough, presented in the diagnosis.

Beside, if the previously adduced indications are admitted, it follows that a great certainty as to the nature of the tumor will have been furnished, by an examination of the fluid obtained by tapping, which every prudent surgeon will have resorted to, before dreaming to undertake ovariotomy. We must state that surgeons abroad have sometimes incised the abdomen, without having made even one puncture, a proceeding that has exposed operators to fatal mistakes. The attempts at extirpation, afterward abandoned, the imagined ovarian cysts that have turned out to be tumors of the liver, spleen, uterus, epiploon, etc., confirm it. To acquire a certainty that the affection is constituted by the ovary, it is necessary to be sure that the tumor is of a *cystic nature.*

In a practical point of view, as concerns extirpation, it is essential only, amidst all the varieties of ovarian degeneration, to consider

two species—the simple cystic tumors and the complicated cystic tumors,—(Cystoides of Kiwisch.) Scientific works, and these only can be advantageously employed, treat exclusively of cases in which the operation has been applied to degenerations, supposed to appertain to one of these two groups.

The simple cysts, constituted of but a single tumor, may be formed of but one sac merely filled with a fluid, very variable in its nature; or may be divided into cells, more or less numerous, communicating with each other, or not. Cysts entirely unilocular are rare. Cavities, of greater or less size, are almost always found, formed by the ovary, it may be interiorly, but particularly about its base.

Among the compound tumors are reckoned the cysts, denominated vesicular or multiple, characterized by tumors, independent and more or less fluctuating; and the areolar, or alveolar tumors, remarkable for being almost entirely fibrous, with interstices generally very small; sometimes, however, one or two of the cavities are more largely developed. The fluid contained in these areolar cysts is thick; it has often the aspect of a jelly, and can be evacuated, by tapping, only in small quantities. Cases of cancerous propagation have been observed as a consequence of the extirpation of tumors of this species. An example from the practice of M. Spencer Wells follows:

Case 4.—A woman of thirty-three years' married, the mother of three children, the youngest of which was three years old, perceived that after the last confinement her abdomen did not diminish in volume. A year afterward she became aware of a tumor that was rapidly increasing. The menstruation had been regular, but slight up to the last six months, from which time it has been suppressed. She entered the Samaritan Hospital, in the service of M. Spencer Wells, the 1st November, 1858. She was extremely emaciated and feeble. The enlargement of the bowels was considerable; they measured from the pubis to the sternum thirty inches, and in circumference, on a level with the umbilicus, fifty-seven. There existed ascites certainly, and there was no tumor perceptible in the abdomen.

The state of the patient was of such gravity that it became necessary to intervene. On November 5th, an explorative puncture was made, with the intention of proceeding to extirpation, if she should consent, and on condition that this operation was indicated after the evacuation of the peritoneal water.

Fifty-seven pints of turpid serosity was discharged, when an irregular tumor showed itself, composed of many lobes. It was punctured; but its contents were too thick and glutinous to be discharged through the incision, till this was considerably enlarged. Adhesions between the tumor and the epiploon and small intestines were found, and easily separated. The pedicle was on the left, short and broad. It was compressed between the two metallic plates of an instrument, and divided. A very considerable hemorrhage supervened from a pelvic vein, which was restrained by the application of a ligature.

The right ovary was healthy. The abdominal wound was united by nine twisted sutures. There were no unfavorable symptoms in the patient after the operation. The wound rapidly healed, and the woman left the hospital four weeks after the operation. Her health was perfect. The tumor taken away weighed, without counting-in the fluid that escaped, twenty-one pounds. Its external envelope was of a fibrous nature, very resistant, and vascular; the body of the tumor was composed of a mass of alveoles, varying in dimensions from the size of a pea to that of an apple. There was but one single sac, containing a viscous fluidity.

The smaller cavities were filled with a gelatiniform substance, highly colored in some, and clear in others. In short, it was a veritable fibroid tumor, with irregular cells, filled with gelatinous matter. The term colloid or alveolar cancer might have been applied to it. On microscopical examination, however, the elements of *true colloid degenerescence* could not be seen.

This woman continued in very good health till the following summer. Dr. Jardin, of Capel, wrote February 10th, 1859, that she then traveled long distances on foot, and presented the appearance of the best of health.

In the course of the summer she was attacked with obstinate constipation, then with a real internal strangulation, and died August 26th, 1859. The peritoneum and intestines were covered with deposits of a cancerous nature.

The pedicle of the removed tumor was fixed solidly in the abdominal cicatrix. The extirpation of aveolar tumors, which are both solid and cystic tumors, has more frequently yielded unfavorable results, and I think the verification of their existence should prevent a radical

operation, unless as an exceedingly precarious resource.

In summing up the known cases of ovariotomy, we are permitted to say that the cystic tumors, with large cavities, offering otherwise the prescribed indications, present particularly favorable chances for extirpation.

But the operation must be materially *possible*, in order to be morally justifiable; and this point affords the greatest difficulties and most desperate uncertainties, as there are no means of knowing before the operation that there do not exist between the tumor and the neighboring organs, such solid attachments as will render the extraction impossible.

If in certain cases the tumor is completely immovable, if, especially, a sensation of coldness is perceived in applying the hand to the abdomen; if no displacements of the tumor are perceptible, under the influence of movements given the uterus by means of the uterine sound or without this instrument; if these are the characters that induce us to think there may be considerable adhesions, and to reject extirpation, we are obliged to confess there are no signs that can give us an absolute certainty that these adhesions do not exist. We may *suppose* the adhesions are wanting when the tumor is very movable; yet this depends on its attachments to the abdominal walls only, for such others as may exist between the epiploon and the cyst would in no wise hinder the displacements. Finally, no tumors are movable but those of small dimensions, and we do not extirpate these. Thus, the surgeon can never undertake this operation with the assurance of being able to achieve it. When I discuss the subject of the operative method, the consequences of attempts at extirpation, not completed, will be more perfectly examined.

Happily, however, the separation of extensive and strong adhesions to all the abdominal organs and to the walls have often been effected without in any way compromising the success of the operation. Case first is recalled, in which the cyst was attached to the concave side of the liver. The following case is equally conclusive:

Case 5.—The subject was a woman of forty-five years, mother of three children. She had carried an ovarian tumor for five years, and had been tapped very frequently during the latter part of this time. The fluid becoming more and more abundant and thick, M. Baker Brown, to whom this woman was brought by Dr. Philips, proposed ovariotomy, and it was accepted.

The operation was performed by Dr. Brown on the 25th February, 1859, at two o'clock, P. M., assisted by M. M. Nunn and Philip Harper, and in presence of M. M. Philips, Ramsbotham, Northington, and others. Dr. Edwards administered the chloroform.

An incision was made five inches long, between the umbilicus and pubis, and then the peritoneum opened with much care. Several pints of liquid were discharged. A tumor then appeared resembling very much a cauliflower, and which, on close examination, was recognized as a vegetation, implanted upon the right ovary. The adhesions were not very firm, and were readily overcome by the hand. The entire mass of the cyst was extracted through the wound. It was held by a very short pedicle, which was embraced by a ligature, very tightly drawn, and then cut.

This done, another tumor, of the size of a child's head, was found in the left side of the abdomen. Here was a difficulty not looked for. When extraction was attempted, it was found to be so firmly fixed that it could not be moved. This was not an ordinary adhesion, but seemed to be connected with the substance of the pelvic fascia itself. It was endeavored, not without difficulty, however, to dislodge the tumor by tearing it, by pieces, from its envelope. Thus, many cysts, filled with a variety of fluids, were opened. In three different places the attachments were so intimate, that it was necessary to employ the *écraseur*, in order to divide the adhesions. At length the whole tumor was extracted. The pedicle was encircled with a strong ligature, and compressed between the plates of an instrument, (hereafter described,) which retained the first pedicle. The abdominal cavity was carefully sponged out, and perceiving no hemorrhage, the wound was closed with metallic threads, placed an inch apart, and the instrument fixed, compressing the pedicle in the most dependent part of the wound. The dressings were made as in the preceeding operations, and the patient carried to bed. From this time all went well; the instrument was removed the seventh day, and the ligatures a few days after. The eleventh day an injection was administered, and the fifteenth the patient was able to leave her bed to incline on a sofa. Now, 16th March, she does very well, and improves in strength. All of the wound, with the excep-

tion of a point where the pedicle passed out, is healed. The patient eats, drinks, and sleeps well. Her stools were regular.

In this case the extraction of the tumor has been rendered very difficult by its extensive and intimate adhesions, retaining the second tumor to the floor of the pelvis. But these obstacles were overcome without causing, as we may observe in the history of the patient, any of those serious disorders that we might consider, *à priori*, the inevitable consequences of the havoc effected by this sort of manœuvres.

Thus the adhesions are often a source of of difficulty in the execution of the operation, but their solidity does not necessarily entail a failure of the operative success.

The ultimate issue of ovariotomy is, in a certain measure, connected with the difficulties presented in the extraction of the tumor. We may judge of this influence from the following tables, giving, according to Dr. J. Clay, the results obtained in 385 cases, in examining which account has been kept of the existence and nature of the adhesions:

	No adhesions.	Light ad.	Extens'e ad.	Ad. requi. ligature.
Terminations in cures,	68	66	67	13
Terminations in death,	31	45	66	29
Total,	99	111	113	42

This table demonstrates that there is evidently no greater chance of success when adhesions do not exist, or only to a small extent; but at the same time proves that where these were extremely solid, they have been broken without necessarily producing a fatal result, or an impossibility of completing the operation. It is none the less true that such a great uncertainty, in regard to the existence of inseparable adhesions, diminishes the clearness of the indications of ovariotomy; but as the insufficiency of the means of diagnosis does not allow us to consider the non-existence of adhesions as an essential condition of this operation—a ground that would be equivalent to an absolute proscription—we are obliged to be less rigorous, and only exclude, as being unworthy to be submitted to a trial, those tumors that appear to be solidly united to the neighboring organs.

In conclusion, the certainty that there exist no other serious lesions, beside that of the abdominal tumor, the evidences that this is due to a cyst, and not to a solid degeneration of the ovary, the absence of all proofs of solid adhesions of the tumor—these are the conditions, the reality of which may be considered as the first indications of ovariotomy. There cannot be, so to speak, any dissention on this point among authors who have written on this subject.

But, if we may judge by the practice of certain surgeons, there does not exist a coincidence of opinions sufficiently perfect to admit as necessary the second indication proposed, which is this:

All the means of cure less dangerous have been vainly put in use.

Before defining the meaning that should be attached to this formula, we should state that many surgeons do not admit the necessity of exhausting the surgical means less dangerous before attempting extirpation.

The cases in which ovariotomy has been the first treatment employed, are numerous enough. The following is the history of an operation performed at Berlin, at the Charity Clinic, by Professor Langenbeck:

Case 6.—A woman, aged thirty, having menstruated regularly since thirteen, has been married nine years, and has had no children. She perceived, two years ago, that a small tumor had developed itself above the pubic arch. She experienced frequent desire to urinate, constipation, pain in the lumbar region. She was easily fatigued and became emaciated. The abdomen was enlarged as at the eighth month of pregnancy; the abdominal walls being thin, the tumor could be exactly circumscribed, and was smooth; fluctuation was manifest in its whole extent. It was movable above, below, and on the left, but a little less movable on the right.

The touch revealed no change in the volume and position of the uterus. The tumor could not be felt whilst the patient was lying. When she was standing, it was perceived between the vagina and the bladder. As the tumor extended rather toward the left hypochondrium, it was supposed to be formed by the left ovary; the event proved this to be erroneous. No surgical treatment had previously been put in requisition. The abdomen was incised two finger breadths below the umbilicus, along the *linea alba*, the incision being two inches in length. The tumor appeared; its surface was covered with large vessels, gorged with blood. The cyst was punctured, and there was discharged one *litre* of thick fluidity, dark and unctious; the sac did not collapse entirely, and it was found that there was still another. This was

tapped in its turn, and a serous liquid escaped. The tumor was then easily extracted through the wound.

The direction of the pedicle indicated that the tumor arose from the right ovary. The pedicle was secured by two ligatures of wire, and retained in the wound; it was severed, little by little. Five vessels required ligature, whilst the section was being made. Five points of suture, not including the peritoneum, united the edges of the abdominal wound. Two of these traversed the pedicle. The patient having been put under anæsthetics, did not awake till a quarter of an hour after the conclusion of the operation. She complained of pains in the wound. These ceased five hours after. At 8 in the evening the pulse was slow and soft. She was ordered morphia. After slumbering she awakened at 2.30 A. M., complaining of burning pains in the abdomen, and of great uneasiness. Vomiting then supervened; the countenance was pinched; the pulse 90 and hard; the abdomen very sensible to the lightest pressure. She was bled eight ounces, which was followed by syncope.

At five and a half in the morning pains anew and return of vomiting. The bowels swelled, but the distention was interfered with in its centre by the pedicle being retained in the wound. The ligature restraining it was loosened. The belly gradually distended, and a little sanguineous serum discharged from the wound. The peritonitis made rapid progress. Vomiting set in anew, the symptoms increased in violence, chills and rigors took place, and she died forty-eight hours after the operation.

The autopsy showed extensive peritonitis. The coats of the bowels were agglutinated together; the surface of the section of the pedicle was covered with a little coagulated blood. The left ovary was rather more voluminous than normal.

The tumor taken away presented two large cavities, separated from each other by a fibrous partition. On the internal surface existed some small endogenous cysts.

The foregoing case belongs to the category of those extirpations, where the operation has been undertaken as the initial treatment. The tumor was not very largely developed. Life was not immediately nor imminently threatened. The same remarks may apply to the following case:

Case 7.—A woman, fifty years of age, of good health, entered the Metropolitan Hospital, London, in the service of M. Borlase Childs. For fifteen months she has perceived an abnormal enlargement of the abdomen. M. Borlase Childs recognized a monocystic, non-adherent tumor of the ovary, and finding this case very favorable for extirpation, he submitted his patient to that operation Feb. 11, 1859.

The temperature of the apartment had been raised, and opium had been given to his patient. An incision of four inches along the *linea alba* sufficed for extracting the sac after it had been punctured. The loss of blood was insignificant. The pedicle, which was very large and very vascular, was maintained outside by an appropriate instrument. The wound was closed by sutures. The operation lasted but a few minutes. The patient appeared very well, the pulse not exceeding eighty per minute. Four hours after the operation the patient was sinking; blood spouted from the wound. Supposing there was a hemorrhage from the surface of the excised pedicle, a new ligature was placed around it. Death seemed imminent, but did not take place till noon of the next day, twenty-four hours after the operation.

The autopsy revealed a large quantity of free blood in the abdomen. This proceeded from a portion of the pedicle, which, escaping from the grasp of the instrument, had slid into the abdomen.

"This will teach us another time," adds Monsieur Borlase Childs, "how it is necessary to secure the pedicle, so as to evade an accident of a similar kind."

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

SEVERE BRONCHITIS, WITH GREAT PROSTRATION, ETC., FROM EXPOSURE FOLLOWING THE WRECK OF A VESSEL.

The patient is an English sailor; he was some two or three weeks coming to the coast of America, and his vessel was wrecked off Cape Hatteras; he was exposed for several days to all sorts of hardships, but was finally rescued and sent here. He said that he had had fever for several days; his skin was warm and his pulse frequent.

Examining his chest, he was found to have more or less mucous and subcrepitant ronchus throughout the lungs, abundant on both sides.

He has also considerable cough and expectoration, indicating the existence of severe bronchitis in both lungs.

There were also symptoms connected with the brain. He lay in a stupid, dull condition; his face was flushed, and he had the aspect, to a certain degree, of a man laboring under typhoid fever, but he did not present the characteristics of a well-marked case.

Passing the ward one day, Dr. Gerhard found him sitting up and eating his soup, showing that he was not excessively prostrated, although lying in an exhausted condition. His abdomen was retracted rather than distended. There were no sudamina, nor any rose-colored spots; no diarrhœa, no epistaxis, and hence no symptoms of typhoid fever, except the excessive prostration, which he could at times overcome. This excessive loss of strength is not a good diagnostic sign of typhoid fever. True, it constitutes one of the symptoms when connected with other characteristics of the disease, but is met with in many other affections, as pneumonia and bronchitis.

The patient has a violent bronchitis, almost approaching to pneumonia, and, after being exposed at sea, and subsequently subject to many depressing influences, his system has naturally become exceedingly enfeebled. Hence the case was not considered as one of typhoid fever, though the diagnosis lay at first open to doubt.

Treatment.—This consisted of good nourishing diet, but of a mild nature; supposing there was a possibility of the case tending to typhoid fever, he was placed upon a diet which would antagonize anything like that disease, consisting chiefly of semifluid articles of food. If the patient had been laboring under an affection accompanied with ulceration of the mucous membrane of the intestine, he would have necessarily been thrown into very great danger had solid food been given. Wine-whey was ordered as a slight stimulant. He is taking acetate of ammonia and sweet spirits of nitre, with syrup of squills and paregoric as an expectorant. Being too feeble to bear cupping, he was blistered over the front of the chest.

Under this treatment, he is gradually recovering.

OBSCURE CASE OF TYPHOID FEVER—ABSENCE OF ALL THE CHARACTERISTIC SYMPTOMS.

A young man was brought into the hospital, January 6th, lying in a semi-comatose condition, his mind entirely unconscious to all surroundings. His face was very little changed, and had not the well-marked flush so constantly developed in typhoid fever, nor the flush of pneumonia, nor the flush of phthisis; but still a little flush was observable.

The abdomen was retracted, and there was no trace of rose-colored spots or sudamina. There was no perceptible enlargement either of the spleen or of the liver; there was a very slight of cough. The skin was warm, but not hot; the pulse was quick and frequent—90 per minute.

Very few other symptoms could be discovered. There was no subsultus tendinium; there was no diarrhœa, no epistaxis, no giddiness in the head, no sense of swimming, no noises in the ears, and, in short, no symptoms characteristic of typhoid fever.

Notwithstanding the absence of all these peculiar symptoms of typhoid fever, Dr. Gerhard felt sure that the patient was laboring under this disease, being led to his diagnosis solely by the physiognomy of the patient, his general aspect and position.

Physicians accustomed to treat cases of typhod fever, especially in hospital practice, can always detect the disease by a glance, in spite of the absence of the peculiar symptoms.

He was given a teaspoonful of castor-oil to act on the bowels, this quantity being sufficient in cases of typhoid fever when there exists ulceration of the mucous membrane of the intestines, precluding the use of purgatives.

A tablespoonful of the spiritus Mindereri was ordered to be given every two hours, and the patient put in an airy room. He was ordered two grains of quinia two or three times a day, and, in the course of a day or two, wine-whey will be administered.

There is secondary bronchitis passing into pneumonia, which may require occasional cupping or a blister to the chest. Should delirium ensue, it will be treated by the application of a blister to the back of the neck. Sometimes, though rarely, the delirium requires the employment of depletion by cups.

The diet will consist chiefly of beef-tea or mutton broth, a little arrow root, etc., avoiding solid food.

SURGICAL WARDS.

Service of Dr. Pancoast.

EXOSTOSIS OF THE TERMINAL PHALANX OF THE BIG TOE—OPERATION.

In this case a bony growth springs up from the periosteum, covering the end of the phalanx.

The periosteum everywhere about the body is continuous with the cellular tissue, being in reality little more than condensed cellular tissue, and in this locality it is intermixed with masses of fat, which makes a sort of bulbous expansion about the toe. The pressure of a boot frequently develops an inflammation in the periosteum, which causes a formation of bone on its outer surface.

Sometimes, but rarely, these exostoses occur

on the thumb. They press up under the matrix of the nail, and often the nail has been removed in the hope of relieving the patient; but the only cure is to lay open the soft parts, and, with a pair of cutting pliers, snip off the bone; the part may then be dressed with lint, steeped with some astringent wash, as aromatic wine and tannin. The exostosis was removed and the dressing applied as mentioned.

CASE OF INVERTED TOE NAIL—OPERATION BY REMOVING WITH THE NAIL A PORTION OF THE MATRIX ON EACH SIDE.

A young girl was admitted into the surgical wards, a few days previously, suffering from an inversion of the nail of the great toe.

This affection is usually a disease of the matrix of the nail, caused by pressure from a tight boot or shoe against the end or side of the toe. The nail of the toe or finger is but a cast of the matrix. If there be too much pressure on the matrix where the toe grows by deposits of cells, the original shape of the matrix is altered, and the nail will gradually grow off toward the side, and plunge into the soft tissues like a thorn, keeping up constant irritation and suffering.

Many plans have been devised for the cure of these affections. Nails have been filed; they have been soaked in acids and alkalies; they have been notched in the centre, and the parts upon each side been brought together, in the hope that this device would cause the nail to assume its natural manner of growth and retain it; lint has been introduced between the nail and the soft parts, to induce the nail to change its abnormal form of growth; then followed the plan of Duyputren, in which he splits the nail up to its root by a pair of sharp-pointed forceps, working the instrument flatwise under the nail, and then taking hold of each half, he twists it out from its bed. This is a very painful process, and results in a permanent cure no more than the other various processes, which all fail.

By this process you only get rid of the present trouble. The nail grows from cells deposited by the matrix; it takes its shape from its matrix; and as it is a deformity of the matrix, which causes the inversion of the nail, the disease is not cured by pulling the nail from its bed.

The matrix is still left, and being the mould of the nail, as soon as the nail can grow again, the trouble is necessarily reproduced.

Dr. Pancoast's plan for removing the disease is by striking at its cause, and this being a change in the form of the matrix, he removes that part of it which is in fault. Consequently, its mould and origin being removed, the nail cannot grow again in the same position. He allows the nail to grow out long, and then poultices the toe, which produces a loosening of the textures around the parts. All the spongy growth that occurs on each side of the diseased nail is taken away, and then, working his instrument under the nail, the diseased portion is snipped away down to the very bottom, including the matrix. If necessary, this is done upon both sides.

This plan of treatment has been resorted to by Prof. Pancoast with invariable success.

After removing the sides, he draws a strip of adhesive plaster under the inferior surface of the nail, in order to press down the fungous flesh, leaving the nail a fair chance to grow out normally.

This operation was performed as described.

PHYMOSIS—OPERATION BY RUPTURE OF THE MUCOUS MEMBRANE.

A week ago the operation of circumcision was performed for a congenital phymosis, in which there was an unusual hardness and thickness, and want of dilatability in the mucous membrane. (See Reporter, p. 430.) This case is doing well.

It is not, however, by any means, every case of phymosis which requires circumcision, for, in many cases, a milder mode of procedure is sufficient.

In the present case of phymosis there is difficulty of micturation dependent on the narrowed orifice of the prepuce.

The glans can be uncovered to some extent, though the prepuce cannot be brought back to the corona.

In such cases, a plan usually followed by Prof. Pancoast, which can be performed very quickly and is usually found to answer very well, is to draw the foreskin forward over the glans, getting room sufficient to introduce a pair of dressing forceps, one blade on each side of the glans, inserted between it and the mucous membrane of the prepuce; this is to be pushed back, then opened and drawn out open, thereby rupturing the mucous membrane. The tension being overcome, the prepuce is freed and can be drawn back, as in the present instance, where this operation was performed.

In the after treatment of these operations for phymosis, it must be borne in mind that the mucous covering of the glans is very sensitive, in consequence of the extreme tenuity of its epithelium.

No dressing will be required, except to cover the surface with Ricord's aromatic wine, with some tannin dissolved in it, in the proportion of four grains to the ounce.

The foreskin is to be drawn backward, allowing the mucous membrane to heal by granulation.

STRICTURE OF THE URETHRA WITHOUT SPECIFIC CAUSE.

These strictures frequently occur from blows in the perineum, from blows against the pommel of a saddle, from hurts received in climbing fences, and similar injuries. They happen in children under five years of age, where the cause cannot be ascertained at all.

We sometimes find chills occurring in localities far removed from miasmatic influences, which are owing to the existence of a stricture, the relief of which cures the chills.

The patient in the present case is an old gentleman who received a blow in the perineum while climbing over a fence, the top rail breaking and striking him.

A knot can be distinctly felt in the perineum, resulting from an effusion of plastic matter, probably into the spongy structure of the urethra, perhaps between the mucous membrane and the spongy structure, which is the position where it is often found in strictures from gonorrhœal inflammation.

Ruptures of the urethra sometimes occur from weights passing over the body, or from the patient striking the buttock against the ground. There is a tendency to strain the soft parts of the perineum, the skin and mucous membrane being continuous, when the muscles violently contract. The levator and sphincter ani muscles, and those of the urethra, pull in a different direction, and, as a result, the sphincter is sometimes torn across, the perineum laid open, and the urethra torn. The levator ani muscle has been known to tear the sphincter across.

Several years ago, Dr. Pancoast was called in consultation to see a man of constipated habit, in whom, while straining at defecation, the sphincter had been torn two inches into the bowels by the violent contraction of the levator ani.

In the patient before the class there is a swelling in the groin, which has occurred from internal hemorrhage, in consequence of a rupture of the spongy portion of the urethra and the blood infiltrating the tissues upwards.

He can pass water but in a small stream. On examining the urethra with a bougie the stricture was found to exist at the curve, showing that the blow which produced it must have been at the bulb and ruptured it.

Several ineffectual attempts were made to pass a small instrument into the bladder in the hope of overcoming the difficulty by dilatation.

The wax bougies of Hunter and Physick were employed. The advantages to be derived from the employment of these instruments are, that they are soft and take any shape, and thus, when withdrawn, often give a mould of the stricture; they are smooth and polished as glass, glide readily and give no liability to accident by rupturing the urethra, unless the tissues be very soft and altered indeed.

These instruments could not be made to enter, and an equally unsuccessful attempt followed the use of cat-gut and other instruments.

The patient was then put to bed and told to suppress the desire of passing water until the effects of any irritation which might have followed the pressure of the points of the bougies against the stricture shall have passed off.

MEDICAL WARDS.

PROGRESS OF CASES—SCURVY.

(*See Reporter for January 26th, p.* 446.)

January 16th. The worst case still retains the sallow complexion dependent on two causes, owing to the disease of the liver, accompanying the scurvy, and the disorder of the blood.

He does not complain of pain anywhere. His breath is still exceedingly offensive, from a tendency to gangrene of the mouth, which often occurs in bad cases of scurvy; this tendency is also shown by the peculiar appearance of the skin on the cheek.

In children, previous to a case of gangrene of the mouth, there is a peculiar appearance of the skin on the cheek, which becomes tense and of a reddish pale hue. The bowels are constipated; the tongue slightly coated and dryish at the centre. The treatment with lemon juice and stimulants was continued.

January 23d. The worst case is dead, and the others are well and able to leave the house.

A post-mortem examination was made. No particular lesion of any portion of the alimentary canal was found.

The internal membrane of the heart and large arteries were tinged with a deep red color, which occurs whenever the blood is watery and passes readily out of the heart and blood-vessels.

In deaths from scurvy there is sometimes found an alteration of the kidneys, and occasionally alterations of the liver and lungs, and also alteration of the spleen, which is a very important indication of the lesion of the blood.

Thus, in cases of intermittent fever where the blood is diseased, it constitutes the only pathological lesion; not such an alteration of the spleen as occurs from scurvy, or from typhus and typhoid fevers, but merely an alteration in which it becomes watery but does not lose its constituent particles. In almost all diseases where the blood is affected there is considerable alteration of the spleen. In this case it was enlarged and softened, but had not yet gone on to the chronic alteration of hardening.

On examination of the head, there was found caries of the bones of the cranium, which did not, however, result entirely from the scurvy, but partly from an old disorder; and the diffi-

culty became augmented by the occurrence of the scurvy. If a man has a "weak point" and becomes attacked by scurvy, it will operate on that "weak point," and cause more or less alteration of tissue.

Before the man died, the emanations of his body, on account of the gangrenous condition, which had extended to the lungs, became so horribly offensive that patients in the remote parts of the ward could not bear it, and the patient was removed to another apartment.

Gangrene of the face, cheeks, and gums, etc., is not confined to scurvy; it occurs more frequently in children than in adults, and even then it is comparatively rare, though it was formerly found abundantly in the children's hospitals of Paris.

WILLS HOSPITAL.

Service of Dr. Morton.

Reported by H. Earnest Goodman, M. D.—Resident Physician.

FOUR CASES OF CATARACT—THREE OPERATIONS BY SOLUTION; ONE BY EXTRACTION.

Case 1.—*Sclerotonyxis.*—James C., æt. 51, was admitted into Wills Hospital October 15th, 1860, with capsulo-lenticular cataract of the right eye, which had been forming for six months. There was still enough vision to enable him to go about the streets.

The left eye was lost, from inflammation, sixteen years since. Three months ago his eye was operated on by the posterior operation. Absorption progressed very slowly after the operation, which seemed to be owing to the presence of a large quantity of broken lens in the anterior chamber, which, when pressing upon the iris and cornea, kept the eye in a constant chronically inflamed condition, until absorption had taken place.

Jan. 16th. To hasten absorption Dr. Morton performed a second operation for solution, and, after the needle was fairly upon the cataract, it was found that the absorption had only taken place from the anterior surface of the lens, leaving a slight deposit on the posterior concave surface, which, after two or three light touches with the knife-needle, at once cleared the pupil.

Jan. 17th. No pain, inflammation, congestion, or sick stomach, followed yesterday's operation.

Jan. 25th. The loose floating particles of the cataract are being slowly absorbed; he can see enough to go about the hospital. As there was no inflammation following the operation, the iris was only kept under the influence of atropia for three or four days.

Case 2.—Mrs. R., æt. 55, has been blind in the right eye from a cataract for two years; can still see with the left, although it is becoming cataractous. The patient is of nervous and a very delicate temperament; generally suffering from pain in the head; no particular cause can be assigned for the cataract.

Jan. 23d. Dr. Morton performed a second operation on the right eye for absorption in the usual manner.

Jan. 25th. Eye congested and conjunctiva ecchymosed, with a good deal of pain. Excessive nausea and vomiting followed the operation for several hours.

Jan. 26th. Eye still painful, but not inflamed; nausea continues.

Jan. 28th. Pain in the eye and ecchymosis of conjunctiva gone; eye still slightly congested.

Treatment.—Tonics, porter, and good diet, with the usual application of belladonna and sol. atrop. sulphat. daily; she was allowed to be out of bed.

Case 3.—Caroline S., German, æt. 60; eyes have been cataractous for eighteen months. In the right eye there is a soft capsulo-lenticular cataract fully formed, with no vision; while in the left, there is one forming, with still enough vision to enable the patient to go about alone.

Jan. 23d. The pupil of right eye being fully dilated, Dr. Morton performed the posterior operation of division with the knife-needle.

Jan. 24th. Some pain followed the operation; eye a little congested. Nausea and vomiting excessive, and very prostrating. As in the former case, vomiting seemed to be relieved only by anodyne injection of forty-five drops of laudanum.

Jan. 28th. Patient feels weak. Conjunctiva still a little congested, but not inflamed; pupil well dilated. Ordered tonics, porter, and a good diet; allowed to be up for a few hours.

Case 4.—*Extraction of a Hard Capsulo-Lenticular Cataract.*—Mrs. Holden, æt. 60, was admitted in Wills Hospital about the first of October, 1861, with a hard double capsulo-lenticular cataract, which had been forming for the last three or four years. She could only distinguish night from day, and see objects when passed between her eyes and a light. No cause for the cataract assigned. Since her admission she has been operated on by the posterior operation for absorption three times, with little or no success as regards improvement of vision; the softer portions of the lens being absorbed and the hard nucleus remaining.

Jan. 23d. Dr. Morton attempted to perform upon the right eye the posterior operation of solution for the fourth time, the pupil having been so much dilated that only a rim of iris could be seen; but, owing to the hardness of the lens, it was impossible with the knife-needle to make any impression upon it without dislocating it from its delicate attachments. Dr. M. then tried to depress the hardened lens

in the vitreous humor with the same needle, but as soon as its attachments were broken it was forced through the dilated pupil into the anterior chamber. Only one thing (extraction) was then left to be done. Dr. M. accomplished this by first making an incision in the upper edge of the cornea with Beer's triangular-shaped knife; after this upper section of the cornea was completed, the eyelids were allowed to be closed for a few seconds, when the lens was extracted with a fine hook. The incision, in this instance, was a smaller one than is generally required, on account of the soft exterior of the lens having been absorbed. The eye was closed with gauze and collodium.

Jan. 24th. Scarcely any pain followed the operation. Patient slept well during the night, without any anodyne; appetite good. Ordered oyster soup, eggs, and a good plain diet.

Jan. 28th. The dressings were removed; pupil well dilated and regular. Wound of cornea has entirely healed; there is some congestion of the conjunctiva, but no inflammation. She can see large objects and distinguish colors quite well already, although the eyesight is necessarily very weak. Dropped sol. atropiæ in the eye and continued the application of belladonna over the brow. The operation bids fair to be a successful one.

The lens in the left eye has all the appearance of the one removed, which was very hard; it will probably be extracted by Dr. Morton when the right eye has entirely recovered.

ARTIFICIAL PUPIL.

Edward C., an active little fellow, æt. 11, was admitted into Wills Hospital, November 11th, 1860, with false cataract in the left eye and occluded pupil, the result of inflammation, following a blow with a whip. The right eye was lost from running the prong of a fork into it, and the stump was removed in New York about sixteen months ago, and an artificial eye inserted. Since his admission into the Wills Hospital, the false cataract has been extracted, but the pupil remained occluded, and perfectly insensible to the influence of atropia.

Jan. 16th. After the patient was fully æthenized, Dr. Morton increased the size of pupil with a knife-needle by inserting it as in the ordinary return operation for the absorption of cataract and cutting the iris from the pupil about a half line upward. It has had the effect of allowing a little more light to enter the eye. The cure, however, from so much previous inflammation of the eye, is almost a hopeless one

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JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

FATTY TUMOR OF THE JAW—REMOVAL.

The patient, a young man, 24 years of age. He has a fatty tumor of many years standing located on the jaw, where it acts as a plug between the masseter and temporal muscles.

Tumors often form in this position. One or more glands are lodged here, which sometimes enlarge, and are troublesome to remove.

The present one has lately been growing rapidly, enough to be remarked within the last two weeks, during which the patient has been under observation.

The tumor is situated next to the buccinator muscle. The operation for its removal may be performed by opening the integument on the outside; or by dividing the buccinator muscle on the inside and withdrawing the tumor from the cavity of the mouth.

The duct of Steno is involved in the growth, and if the tumor were taken out from the inside it would be necessary to pass a probe through the orifice of the duct. It would pass down to the puncta lachrymalia. If the tumor be taken out from the side of the face, the incision should be made low down so that the cicatrix might be hidden by the beard.

This latter operation was performed, and the tumor was peeled from its bed by the fingers.

The tumor was partly fatty and partly cystic, made up of enlarged varicose veins, and was situated under the jugum, which is formed by the zygomatic process of the molar and temporal bones.

A small vessel, a branch of the transverse facial artery was tied, and a plug of lint dipped in a solution of benzoate of alum placed in the wound. This arrested the hemorrhage. The parts were bound with adhesive strips, and a bandage applied as in fracture of the lower jaw.

OPERATION FOR HARE-LIP.

To prevent hemorrhage from the coronary arteries surrounding the mouth, small steel springs were applied to the angles of the mouth, thus compressing the artery.

The frænum being large and strong, it had to be divided.

The operation was performed in the usual way, cutting away the edges of the deformity and bringing the freshly incised parts together by means of the hare-lip pin.

The usual figure of 8 suture around the pins to hold the parts in position was not employed, preference being given to elliptical turns.

To secure complete union of the mucous membrane of the inner side of the lips, a needle was passed along the border, the suture being tied on the vermillion edge of the lips. No dressing was applied.

On the third day after the operation the top pin is to be removed, and on the following day the lower one is to be taken away; the threads will probably retain their position on account

of the hardening of the plastic matter effused over them.

This is about the usual period for removing the pins, though they can be removed earlier, when necessary from inflammation or other causes.

HYDROCEPHALUS—TAPPING AT THE LAMBDOIDAL SUTURE—REMARKS.

This case is a young child suffering from hydrocephalus. It had previously been tapped by Prof. Gross. Tapping cannot effect a cure of the disease; the only object of so doing is to afford some temporary relief.

Dr. Conquest, of Liverpool, has published an account of many cases of hydrocephalus, where he claims to have performed paracentesis with great success.

Such changes, however, occur in the formation of this disease that it is impossible to expect a cure from any treatment. Changes take place in the brain itself. The cases are not seen by the physician until the brain is not only uncommonly distended, but actually shrunken, and there is a large accumulation of serum. The very force with which the bones of the skull are separated, enlarging the sutures, press them together at the base of the skull until premature ossification at the base of the skull is produced. Hence, after drawing away the water the bones cannot be pressed together, and there will, of necessity, be a cavity, because the brain cannot enlarge to occupy the space of the fluid which has been drawn off.

A cure cannot follow, and consequently there must be a reaccumulation of the water. It is hardly possible to conceive of any other result.

In addition to all this, the water is lodged underneath the arachnoid, filling also the ventricles of the brain, and, as in the arachnoid and in the cavity of the ventricles, there are several communications, when the water is drawn off, the middle part of the brain, may stand, as it were, almost by itself, with a cavity on either side.

The child is fat and well nourished. It still takes to the breast, a circumstance which is uncommon, when the disease has attained the extent it has in this instance.

There has been an eruption on the head and forehead, to which ointment of oxide of zinc has been applied. The child was given no medicine internally, but the top of the head was ordered to be rubbed with an ointment of a scruple of cadmium to the ounce of lard; the head has also been compressed by an elastic bandage. The mother says that in consequence the circumference of the head has diminished half an inch; but it is likely that it has increased in length equivalent to its diminution in breadth.

If the bones can be made to yield to compression, there may be a possibility of doing some good by drawing off the water. By these means existence may probably be prolonged to some extent, and, therefore, the treatment by compression may be continued.

Some serum was drawn off by passing a delicate trochar, first obliquely at the lambdoidal suture, in the centre of the posterior fontanelle, behind the brain, so as to pass only through the arachnoid membrane. The water was allowed to flow but slowly, and when four ounces had been drawn the operation was discontinued. The serum appeared perfectly clear.

Dr. Brainard, of Chicago, recommends the injection of iodine into the cavity after drawing off the water, which operation he has repeatedly performed.

Dr. Pancoast mentioned a case from his private practice where the accumulation was so great that the child had not the power of sucking at the breast; after the withdrawal of a small portion of the fluid, thereby relieving the compression of the brain, the sensibility had been restored to some extent, the child having taken the nipple immediately after the operation.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, Jan. 9th.

Dr. Remington, President, in the Chair.

Subject for Discussion—Puerperal Insanity.

Dr. Joshua H. Worthington introduced the subject by an allusion to the importance of the malady under discussion, and the remarkable dearth of authorities from which to obtain information. The principal authorities are Esquirol; Dr. Macdonald, of New York; Dr. Gundry, of Dayton, Ohio; and Dr. Marcé, in France.

The term "Puerperal" is not essentially significant as to the character of the symptoms or the type of the disease. Nor does it imply a dependence of the cerebral symptoms upon any sympathy with the child bearing state, or it would cease upon the termination of gestation.

He then alluded to the laws and customs of ancient Rome in relation to the moment of parturition. The proportion of insane to parturients is extremely small.

The puerperal state is divided into three periods, utero-gestation: the period extending from

delivery to the end of the second month, at which time the uterus has returned to its normal condition, and in women, who do not nurse, the menstruation is established; and, third, comprising the period of lactation, extending from the end of the second period to the point of time after weaning, when the first menstruation is accomplished. He would consider the disease as it occurs during each period.

1. Without enumerating the numerous caprices, etc., of pregnant women, and which are so well known to all obstetricians, he would merely mention some as showing the intimate sympathy between the pregnant uterus and brain. Dr. Marcé relates the case of a woman who became hydrophobic during the first four months of each of eleven pregnancies. The dread of water began to be manifest soon after conception, and became so excessive, that she could neither drink herself, nor bear any one else to do so in her hearing, and to cross a stream of running water was equally as bad. Caseaux mentions a young lady who, during her first pregnancy, felt an uncontrollable dislike for her husband, to whom she was tenderly attached, etc.

The liability to insanity in pregnancy is much less than during the period immediately following delivery. Of 783 cases of puerperal insanity, only 65 occurred during utero-gestation. The form is generally melancholic, and the causes, besides hereditary influence, are a depressed condition of the physical forces, and painful emotions. Some attacks terminate with delivery, and various authors mention such cases. A remarkable feature is the almost entire absence of suffering during labor, and, also, we find a great exemption from the usual accidents of parturition. When the disorder can be clearly traced to the state of the uterus, recovery may be expected when delivery takes place. But when it is the result of some shock to the nervous system, etc., the prognosis is more favorable.

Temporary insanity at the moment of delivery, in consequence of the accompanying physical suffering, rarely occurs; all obstetrical authors describe the agitation and anxiety of the moment when the head of the child is passing through the uterine neck, and it is not wonderful that an acute attack of mania should occasionally supervene. Notwithstanding the severity of such attacks, they are seldom followed by evil consequences, except such as result from the violence of the female against herself or her offspring.

The following case, by Esquirol, is suggestive of the considerations, in a medico-legal view, which may arise. The girl had made no secret of her pregnancy, and was all ready for her confinement. She was delivered during the night, and the next day the body of the child was found in the cess-pool, mutilated with a blow from a pair of shears. She confessed the act without the least regret, and appeared entirely unconscious of having done anything wrong.

2. The period following delivery and extending to the third month, about which time, in those who do not nurse, the menstrual function is resumed, furnishes the greatest number of cases of insanity. Of 783 cases, 453 occurred during this period. The causes are such as belong either to the constitution or such as act upon the system from without, and may be called accidental.

After alluding to views formerly held upon this subject, he says the present state of knowledge leads us to believe that neither the suppression of the lochial discharge nor of the lacteal secretion has, necessarily, anything to do with the mental disorder, since, in many cases, the disorder does not appear until after the normal cessation of such discharges, that is about the sixth or seventh week, and in cases where the disease has appeared, no interruption of the lochial discharge has occurred.

As far as the direct results of labor are concerned, Marcé attributes puerperal insanity to the constitutional disturbance attendant upon the establishment of the lacteal secretion, and to the general shock to the nervous system, which is the direct consequence of labor. The condition of the uterus may next be considered. Valpeau says that part of the liquid contained in the substance of this organ must now return, more or less altered, into the circulation. Portions of membranes, etc., may be left in its cavity, and give rise to morbific action, and, finally, the equilibrium, which is about to be established, tends to impart a fresh shock to the nervous system. The causes connected with the physical condition of these women cannot be regarded as sufficient to give rise to insanity, since they are present in all, though not attacked with the affection. Hence, we must take into view the causes of general insanity, as a constitutional tendency, either hereditary or acquired. In 56 cases 22 were either descended from insane ancestors, or had collateral relatives who had been insane. This corresponds with the proportion of Esquirol, while Dr. Burrows found in eighty, more than half hereditarily predisposed.

All influences which tend to lower the standard of health and produce anæmia, may act as causes of the disease. Women who have had several children, and are exhausted by lactations, and labor under the strokes of poverty, are most liable. Among 57 patients, only 14 were primiparæ, and of the remainder, 13 had passed through five, six, or even more confinements or abortions. Women are also more liable as they advance in years, and once attacked, they will be extremely liable in future confinements, requiring great precautionary measures.

Esquirol considers moral emotions as an important cause, but is opposed in this view by

Burrows and Marcé. The latter, however, attributes to fear, violent sorrow, etc., nine cases in a total of 66. Such causes are known to produce a large proportion of cases in the non-puerperal state, and their influence could not be expected to be less upon a puerperal female, than one in ordinary health. Cold, or neglect of any kind, may aid in its production.

Marcé regards the return of the menstrual flow as exercising an unquestionable influence in the causation of this malady, and relates cases to prove his assertion. Of 44 persons attacked during the second period, eleven became insane about the sixth week. The lesson to be drawn from this should teach the physician to regard this as a critical period, and, therefore, to use every precaution till it is safely passed.

Mammary abscess, difficult and protracted labors, uterine hemorrhages, puerperal convulsions, and the inhalation of chloroform, have been accused as causes, though many differences exist between authors on these points.

The symptoms of puerperal insanity at this period present no peculiarities. Generally, the lochial discharge and the lacteal secretion take place as usual, and the intellectual disorder is not different from that observed in ordinary insanity.

The only affection with which it is likely to be confounded is acute meningitis. Generally, however, the absence of fever, or other symptoms which indicate a grave physical lesion, will show that inflammation is not present.

The terminations of this form of insanity may be in recovery, incurability, or death. The first is most frequent. The other may be anticipated in cases where the affection is due to long-continued grief, care, or anxiety. Death generally occurs in chronic cases, by some affection of the lungs or bowels; in acute cases death most frequently ensues from what the French call acute delirium.

When mania is about to terminate in this form, the agitation and excitement daily increase, the tongue becomes dry, the digestive functions are impaired, the pulse increases in frequency, and soon exceeds 120 pulsations per minute; the face is flushed, the eye has a wild expression, and the skin is covered with a clammy sweat. The patient becomes the prey of constant hallucinations, wastes her strength in violent muscular efforts, and is scarcely conscious of surrounding objects. She passes whole nights almost without any sleep, and obstinately refuses all nourishment, but especially liquids. A striking peculiarity is the great terror constantly evinced by the patient.

If, in a few days, no improvement occurs, other unfavorable symptoms ensue, collapse comes on, and death speedily closes the scene.

These symptoms, however, may be prolonged for a considerable time, emaciation may go on rapidly, the urine and stools being discharged involuntarily, and death occurs in one of many fits of syncope.

The anatomical lesions are disproportioned to the gravity of the symptoms. There is neither thickening of the membranes, nor alteration of the cortical substance, nor secretion of plastic lymph, nor any of the changes which ordinarily denote inflammation. There is generally, however, vascular congestion of the minute blood-vessels of the pia mater, and Dr. Calmeil considers the affection to be a true inflammation of the cortical cerebral substance, and has given it the name of *peri-encephalitis*.

3. The condition of females during lactation has been aptly called a prolonged puerperal state. The patient, according to Calmeil, is more nervous and impressible and accessible to morbific influences. Such patients may be attacked during the first six or seven weeks after labor, but such cases may be more properly regarded as belonging to the second period. Those which belong especially to this term, set in after eight or ten or more months of lactation, when the system has been exhausted by the long-continued drain. In a small number the malady commences after weaning. As a consequence of the exhaustion produced by lactation, some women are met with in a state of intellectual enfeeblement, the memory is slightly impaired, the ideas are confused, and the patient acts strangely. All the symptoms of anæmia are present, emaciation takes place, and the whole system is more or less disturbed. The milk may be diminished in quantity, or if it remains, the emaciation is more rapid, and shortly hectic fever supervenes. From this state she may pass imperceptibly into that of decided insanity, or it may suddenly be established by some emotion or error of regimen, etc. Mania and melancholia are the most frequent forms as a result of these causes. Generally the milk continues to be secreted, though it may be suspended in the midst of the excitement. Of forty cases, but six had suppression of this secretion, and another observer, Dr. Marcé, has never seen this occur.

A considerable number become insane immediately after weaning. Some are of a plethoric habit, and have borne lactation perfectly well. In such the sudden suppression of an evacuation, which has continued for many months, induces a state of plethora, which may end in disease. In others, though weakened by it, the system has become accustomed to the drain, and adapted itself to it. In these, precautions are necessary when weaning, to prevent the supervention of the disease.

The effort to sustain the menstrual discharge will have the same tendency, and the return of this function may be accompanied by such disturbance as to result in insanity.

The prevention of this affection, when threatened, will consist in instituting proper hygienic measures; avoiding every source of exhaustion; giving nutritious diet, espe-

cially when hemorrhage to any extent has accompanied parturition; and guarding her against excitement of any kind. When lactation is the cause, the child should be weaned, at the same time care being taken to prevent any other disturbances from arising by the accumulation of the milk. The same may be said of menstruation; great care is necessary to prevent exposure to cold until this function is reestablished.

As in ordinary insanity, so we know so little of the lesions of this form that we are compelled to rely in forming our judgment of its nature upon our information as to the causes and circumstances under which it originates. Autopsies generally fail to show any sign of inflammation, though Calmeil, from his researches, has concluded that the acute form of delirium is an inflammatory disorder of the cortical cerebral substance, and yet he regards it as one not allowing the use of antiphlogistics. McDonald adopts a similar view.

For the treatment, various measures have been proposed, as blood-letting, tartar emetic as a contra-stimulant, warm baths, purgatives, narcotics, etc. All depletory remedies have proved injurious in the vast majority of instances. They have even been thought to confirm the disease in several cases.

In the commencement of an attack, it will generally be necessary to place the patient in a room partially shaded, kept as quiet as possible, and into which no one should enter except the necessary attendants. A warm bath, continued for two or three hours in the evening, will tend to allay nervous irritation and promote sleep. The bowels should be regulated by laxatives—continued, according to circumstances, till the digestive functions seem to be in proper order. Some gentle narcotic, as a combination of asafœtida, hyoscyamus, and camphor may be given every three or four hours. The diet should be nutritious, but not stimulant, and may advantageously consist, in a great part, of new milk, given as freely as the patient can be induced to take it, or as the stomach will bear it.

If an increase of maniacal excitement should occur, the same treatment may be continued; but here, in consequence of the difficulty of controlling the patient and getting her to take food and medicine, confinement, as by means of the bed-strap, will become necessary; thus her strength will be husbanded, and the management be rendered easy and effectual. In many cases of acute delirium, the patient refuses food with obstinacy, and the œsophagus tube should be passed through the nostril, and milk, beef-tea, or other liquid nourishment may be passed at regular intervals.

If there be increased heat of the scalp, it may be removed by warmth to the extremities or a dose of laxative medicine, or cold to the head. Mustard pediluvia in the evening are always of service, and blisters to the extremities have been found useful as derivatives. It sometimes happens that, with considerable mental anxiety, evidences of cerebral oppression will become apparent, the patient is conscious of everything about her, but appears to labor under difficulty in collecting her thoughts and in recalling the occurrences of the day; and, in attempting to do so, her mind becomes confused and the effort fails of its object. When such symptoms occur, in the absence of fever, a large blister, covering the entire scalp, has been found productive of decided good effects and relief to all the symptoms.

In presenting these remarks, he would conclude by saying that the opinions are such as he has formed after a careful comparison of the observations of those who have written on the subject, with his own experience.

Dr. Darrach expressed his admiration of the term "puerperal insanity," because it is significant of the etiology and pathology of the disease under discussion, and also suggestive of its therapeutics.

The other terms, in the nosology of insanity, are less scientific. Mania and melancholia relate chiefly to the two opposite stages of excitement and depression; dementia, in its unrestricted use, means the sequela of insanity, the condition of senile atrophy, or the concomitant of congenital cerebral defect or of arrested cerebral development; monomania designates only specialities; and the recent and unconventional phrase "moral insanity," is only the materialist's notion of human depravity, which makes the world, in all ages, an insane hospital. These terms, he was satisfied, from observations in the insane asylums of this country and of Europe, and from his service in medical institutions, were hygienic, and more suited for the arrangement of patients than for pathology and therapeutics.

Not so the phrase "puerperal insanity." Here is signified not only the cause and effects, but their different localities—the latter in the brain, and the former in the uterus, and is suggestive of two indications in the treatment: the one, cerebral palliatives, to control the symptoms; the other, radical agencies, to restore the uterus to its normal conditions.

Before the pathology of morbus coxarius, vesical calculus, and membranous hepatitis were discovered, appliances were exclusively and vainly made upon the seat of the symptoms—the knee, glans penis, and shoulder.

Then may it not be that, in the treatment of puerperal insanity, there is unwisely the exclusive direction of medical appliances to the brain, and, owing to disregard of the causal word "puerperal," the omission of tonics to the reproductive organism.

To confirm this, he called to mind the three purposes of the animal organization, viz: by a nutritive organism to sustain life, by a sensomotor organism to hold the relations of life,

and by a reproductive organism to perpetuate the species.

This last, the reproductive organism, is the compound of the other—the nutritive and senso-motor; thereby it not only accumulates arterial and venous blood, animal heat, and concentrates the force of both cerebro-spinal and gangliar systems, but also obtains a power of wonderful increment and of surprisingly sudden decrement. The genital system, the cœliac plexus, and the medulla oblongata are the nodes of vital force, and of them the first noticed is the most powerful. Its budding, at the onset of the third climacteric of life, affects our entire humanity, not only for our present but future state of existence. Our emotions, passions, faculties, and functions are thereby perfected, and, after seven years' training, are fit for full operation.

If, then, this compound organism exercised, in its normal state, an empireship for good, what, when diseased, must be the extent of its influence for evil? Of this, a mere page is afforded by the primary, secondary, and tertiary stages of syphilis, with its horrid and multiform sequelæ and catenations; another page is afforded by consanguineous marriage; a third is that from erotism. To this, as throwing light on the therapeutics of puerperal insanity, he would direct attention.

The form of erotism most allied is that of erotic mania. A case in illustration, which he cited, was that of a colored prisoner of the Eastern State Penitentiary, in the year 1837. The watchman reported him walking his cell all night, out of his mind. When visited medically, he was found standing in a fixed position, regardless of things and persons, and gazing up at the arch of the cell, and his eyeballs in quick and constant motion; his muscles were tremulous, the pulse was relaxed and refluent, and his food and bed at night were neglected. The cold, damp hands, which Dr. D. discovered subsequently to be pathognomonic, was a symptom which, in this first case, was unnoticed.

The case, though peculiar, was, nevertheless, diagnosed to be somehow mania a potu. A second and third case, and subsequently several additional cases, occurred; and there had been, previous to his service in the institution, similar cases which, indeed, had been prejudicially reported as cases of direct mental insanity, induced by the separate system of imprisonment.

Neither this nor intoxication was the cause, for, with few exceptions, the cases were among the debased negro prisoners without intellect, and who had been without rum for several months. The cause was masturbation; every other sensuality being debarred they indulged in this the more. The damp cold hands which Dr. D. had noticed in cases of erotism and leucorrhœa he, in time, discovered to be a constant symptom in not only these prison cases of insanity, but also in erotic cases of his private practice. In these the coldness and dampness was always associated with a purplish red color and torpid capillary circulation of the back of the hands. This may be regarded as a pathognomonic symptom, and need not be confounded with the blue cold hand of heart disease nor that of chronic dyspepsia. It is associated with depressed emotions, indecision, mental debility, and hallucinations, and, in some cases, terminating in tabes. This sad condition comes on with the impotency which results from the inordinate emissions, and may properly be regarded as the second or cerebral stage of erotism, in which all the phenomena of the disease are in the cerebro-senso motory organism, whilst, nevertheless, the actual lesion is in the reproductive-organism, and in the male may most likely be found to be a congestion of the vesiculæ seminales, resulting from indirect debility, and tending to atrophy and sterility.

From among the many such instances on his office case book he cited that of a talented youth recently admitted, with much promise, to the bar. "Oh, doctor!" he exclaimed, in a feeble and tremulous tone, "I'm unfit for business! I'm going crazy! Everything agitates me, and the future is dark and foreboding!" Here, associated with muscular tremors, relaxed, refluent pulse, anorexia, wakefulness, restless eyeballs, Dr. D. noticed the characteristic *cold, damp, purplish-red hands, with the torpid capillary circulation.*

This marked symptom diagnoses the verge of erotic mania, which was confirmed by a confession of an extreme practice of masturbation, which was now followed by a total absence of erections and emissions.

The cerebral symptoms Dr. D. diregarded, as shadowy consequences of the substantial disease of the genital system.

The sole indication, therefore, was restoration of the reproductive organism from its state of indirect debility. The suggested means were chalybeates, bromide of potassium, and a diet of oysters and such like phosphoric food.

The benefit of this treatment was soon manifest, and in a few weeks he was restored to health and business. In regard to the bromide of potassium, Dr. D. remarked that his attention had been called to this agent by Dr. James Darrach, who had successfully used it in a similar case, and who refers the primary use of the article in genital complaints to Trousseau.

Regarding bromide of potassium as a specific tonic to both the male and female organs of generation, Dr. D. has, for sometime, and in many cases, administered it successfully in too partial and too abundant menstruation, in leucorrhea, and in various degrees of the indirect debility above noticed of the male organs of reproduction.

As regards the use of phosphoric diet, its efficiency is not only supported by many cases in his own practice, but by the successful prac-

tice of the dry phosphoric acid in the practice of his friend, Dr. Frické, and by the testimony of Dr. ——, that a husband and wife who were without issue for several years, eat daily of the head of the boiled rock fish, in accordance with medical advice, and conception, full gestation, and a safe birth followed, and in due time occurred a second birth. How far the bromide of potassium may be an important adjuvant, is left for future practice to determine. The formula which he has always used is:

℞. Bromide Potass. ℈ij.
Aq. Cinnam., f℥ij.
M. ℥i. q. t. h.

Taken on the empty stomach, an hour before ordinary meal time, and at bed time.

In view of the above remarks he would, in conclusion, say that in puerperal insanity the uterine treatment, respectfully suggested, is intended as an addition to, and not a substitute for the cerebral treatment. At the same time, in respect to this, it may be well to question the benefit of the antiphlogistic treatment, and if, indeed, revulsives of a proper kind to the feet and the use of valerian would not be more efficient. In one case in his practice, with the advice, in consultation, of Dr. Meigs, it was, after various vain efforts, the finally successful treatment. The strong infusion of valerian was administered in the fluid citrate of potassa, every two hours. After two days' use the patient, who for days had contracted an aversion to her best friends, imagined each coming inspiration to be her last, and imperatively taxed her nurse day and night to constantly fan her, was restored to sleep and appetite and normal emotions and mind.

Another concluding remark. If, said he, the genital system be a cause of insanity, so is the liver and stomach. In regard to the liver, the term melancholia shows that the ancients were well aware of an abdominal origin of disordered mind. And in respect to the stomach the cases are numerous. Among those in his practice was that of an intelligent lady, whose life consists of alternate periods of extreme dyspepsia and destructive insanity. Whilst under the cerebral form of her disease, the stomach is healthy; she feeds with appetite, sleeps, and accumulates flesh; but when the mind is right, she becomes a miserable dyspeptic and emaciates.

Here, then, he remarks, are presented puerperal, erotic, gastric, and hepatic causes of insanity, which may be considered as species under the genus, reflexinsanity.

Dr. Geo. Hamilton, observing that as one of the most important and difficult points in the treatment of "puerperal mania," was to procure sleep, requested the lecturer, or other members to state, in case of the failure of hyoscyamus, asafœtida, etc., (recommended by the lecturer for this purpose,) what have been the effects of opium, or its preparations, and to what extent they had employed it in these cases.

He said that in asking the question, in reference to the employment of opium, or its preparations, in the disease under discussion, he was fully impressed with the conviction, that the procurement of sleep was, undoubtedly, one great (if not the chief) point to be attained in the treatment of "puerperal mania." It had not occurred to him that opiates, or other medicines of similar character, when successful in producing sleep, were to be viewed as merely palliative, but curative in their action. He concurred in the views of the last speaker, and those of Dr. Darrach, as to the important part performed by influences emanating from the reproductive system in the production of this malady. If these views be well founded, irritation, peculiar to these parts, and, probably, peculiar in kind, acting upon the brain, and general system of nerves of a subject, hereditarily disposed to insanity, or of an extremely sensitive and impressionable temperament, lies at the base of these attacks generally; or it is highly probable that many cases, possibly the greater number are dependent on moral emotion as their *primum mobile*, quickly bringing into action the sympathies of the generative system, not yet fully restored to its normal condition. In either event, the disease is evidently one of irritation, implicating especially the brain and reproductive system. The suddenness of many of these attacks, the depressed condition of the vital force so often seen, (the consequence of hæmorrhage, or other exhausting agencies during labor, or at the moment of parturition,) the sudden cessation, from time to time, of all the maniacal symptoms, and their equally sudden re-appearance, preclude the idea of inflammation, unless of a low grade, and consecutive in character, the result of protracted and excessive irritation. In the treatment of puerperal mania he had but little experience, the disease being comparatively infrequent. Bleeding generally, or even locally, was, as a rule, no doubt justly proscribed. Purging, unless for the removal of accumulated or unduly offensive fecal matter, was, with perhaps equal propriety, rejected; as from the operation of various causes (an unwillingness to take food being a common one,) the tendency of the system is to a depressed condition of the vital forces, and finally, exhaustion. The supporting [illegible] of treatment, as recommended by the [illegible]turer, was, doubtless, the most useful. The difficulty of carrying out this measure, however, is often extreme, especially when the attack supervenes, as it often does, in from the sixth to the tenth day after delivery. When the affection is strongly developed, if the subject possess but moderate strength of endurance, and if, during or immediately after parturition, her vital force has been much impaired, not many days may elapse ere the signs of fatal exhaustion may

appear. Independent of the want of nourishment from inappetence, or obstinate refusal to take it, there is nothing so exhausting as the loss of sleep, by night and by day, accompanied, as it so often is, by the most violent muscular exertion, in attempts to leave the bed, or otherwise. In addition to this, the intellectual and other faculties of the mind are, under such circumstances, unceasing and inordinate in their action; thus increasing greatly the expenditure of vital power. The influence of such agencies in finally accomplishing the destruction of the patient is plainly seen in certain other somewhat analagous conditions of the brain and nervous system, as in "delirium tremens," or in particular stages and types of "idiopathic fevers."

These considerations, coupled with reflections arising from the perusal of detailed cases, and a very limited personal experience, had convinced Dr. H. that whenever opiates or other medicinal agents, were capable of procuring for the patient from four to six consecutive hours of sleep, and this for several days in succession, they would conduce more to the relief and ultimate recovery of the patient, than any other medicinal agency. In a large proportion of such cases, the patient, after sleep, is found much more tranquil and manageable, and likewise more willing to take food, which, if it be of a light, nutritious, and gently stimulant character, will do much towards recruiting and equalizing exhausted and perturbated vital force.

Dr. Hamilton observed in reference to the remark of the lecturer, that he had known cases of "puerperal mania," in which sleep occurred as usual, without moderating, or apparently abbreviating the course of the disease. Dr. H. said these were evidently of a pathological character, exceptional to the class he had alluded to.

Dr. Levick believed that *sleep* was an important means of restoration to health. In some cases which had come under his observation, this was best obtained by means of laudanum enemata, and where these failed, by the application to the back of the neck of a blister, and by dressing this surface with a grain of the sulphate of morphia. Dr. L. would inquire of Dr. Worthington if it were not preferable that patients suffering from acute puerperal mania should be treated at home, rather than subjected to the fatigue and exposure incident to their transportation to public institutions. The cases seen by Dr. Levick were most benefitted by wine whey, nutritious broths, and the use of opium as before mentioned.

(*To be continued.*)

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At the annual meeting of the New York Pathological Society, Dr. A. C. Post was elected President; Drs. T. C. Finnell and D. S. Conant, Vice-Presidents; Dr. George F. Shrady, Secretary; and Dr. Wm. B. Bibbins, Treasurer; for the present year.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

A Practical Treatise on the Etiology, Pathology, and Treatment of the Congenital Malformations of the Rectum and Anus. By William Bodenhamer, M. D. Illustrated by sixteen plates. New York: S. S. & W. Wood, 389 Broadway. 1861.

This is the only complete monograph on the subject in any language. The extensive collection of cases, with the immense bibliographical reference presented, and the evident study which the author has given to the subject, show it to be a truly exhaustive treatise. The production of such monographs on limited specialties, is the best illustration of the present high development of surgical investigation, and of the earnest labor which is being expended in aiding true scientific progress. This work is, in its way, we think, entitled to rank with the great monographs of La Roche, Gross, Flint, and others, whose labors have done much credit of late to American medical literature.

If there is at this time a prevailing characteristic of surgical literature, it is in the gathering up the scattered and stray materials which journalism has so abundantly recorded, and making practical deductions from them. Matters which, when first recorded, make but an ephemeral impression, and then sink in the forgotten past, are now being exhumed, and, when arrayed with their analogues, help to rear the structure of exact surgical science.

The labor, in this instance, of collecting the scattered material from every language of civilization, has been very great, some of the literature being of Greek, Roman, and Arabic origin; yet the author has done much more than merely to compile from records by the expression of his own views, and the presenting of his own considerable experience.

The reader will, perhaps, be surprised to learn that the author has collected nearly three hundred cases in illustration of the subject, yet we are aware that still more might have been transcribed. It is probable, as is not unfrequently the case with our collators, that they have sought abroad for that which might have been as well supplied to them at home, and, as in this instance, have had escape their notice matter on the subject published in American medical journals.

The methodical division of the work, which so facilitate study and reference, is an excellent and commendable feature, and the index—that much-neglected finale of books—seems sufficiently full to make the entire contents accessible.

The lithographic plates are all that can be desired for illustration of the subject.

We hope, for the benefit of humanity and

the credit of the author, that the work will be in extensive demand. Every practitioner is liable to meet with these congenital defects, and as prompt recourse to operative procedure is almost always essential to save the life of the child, all should be forearmed by the possession of this valuable monograph. The operations which may be needed are simple and readily performed, and every one, with the confidence in his resources which may be obtained by such a knowledge of the subject as can be obtained from this work, may be prepared to save a life, where, otherwise, death would be inevitable.

Beside its immediate practical value, the effect of this work will be to call attention to a neglected subject, and presenting, as it does, all the known data, will be a groundwork on which further observation will be based, and a stimulus to the physiological and pathological study of these unfortunate deformities.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 2, 1861.

THE BEARD QUESTION.

The *British American Journal*, devoted to the advancement of the medical and physical sciences, etc., etc., published monthly at Montreal, opens the new year with a leader, in which it advocates smooth faces, and boldly climbing up the many-striped pole, unfolds the flag, upon which we behold the razor, the strap, the mug, and the brush in graceful emblematical proximity.

Our excellent cotemporary speaks of the "Medical and Surgical Reporter of New York,"—of the "New York Reporter,"—of our "esteemed New York Cotemporary,"—all the time—good, honest soul—alluding to us! We have exchanged a considerable time with our anti-capillary friend, and might expect he would at least know our whereabouts. But never mind! We cannot expect our foreign friends to be posted as to the difference between Philadelphia and New York. On a small map they are sufficiently close together to excuse, if not warrant, a mistake. Beside, we feel highly flattered by this incidental proof of the cosmopolitan character of the Reporter, though, we must confess, we have not yet reached that generality of geographical knowledge apparent in the following sentence of the *British American Journal:*

"We learn from the *American Medical Times*," says the *Journal*, "that Prof. Torrey has made a donation to Columbia College, New York, of his large herbarium, etc., etc., containing specimens of the Flora of America, Europe, Asia, Cape of Good Hope, Australia, *and many other places.*"

Among these "many other places," undoubtedly, is the *Isle Jésus* and Africa.

But, to return to the great question of beard or no beard, there can be no doubt that the growth of hair on the face, as well as on the head, has its physiological uses. If our cotemporary will only take up "*Punch*," that most faithful portrayer of English life, he will find the smoothly-shaven Englishman, wherever represented, in rain, snow, or storm, with a thick, checkered wrapper around the neck, extending to the chin, cheeks, and covering the mouth completely; in fact, while he pays his barber to rid him of nature's useful ornament, he, at the same time, pays for *artificial* whiskers, moustachios, and beard, but which, after all, are but horrid, muffled apologies for what nature has provided.

Aside from this, however, a great deal of time is lost in this foolish practice of correcting nature. There can be no decent shave short of fifteen minutes, including all the pre- and post-liminaries. This makes nearly four days, or *nine working days* in a year, and supposing there are in the United States four millions of shaveable persons, and supposing them all to shave according to the advice of our cotemporary, the aggregate loss to the community would be thirty-six millions of working days, or 98,630 working years per annum, nearly enough to employ four thousand men for twenty-five years toward building a Pacific Railroad. Or, to bring the matter down to dollars and cents, calculating only a dollar a day as wages, the annual loss by shaving, not calculating soap, razors, and barber's profits, but simply the loss of time, would approach thirty-six millions of dollars, an amount sufficient, under an economic administration, to defray fully one-half of the annual expenses of our government.

But, aside from this enormous expense im-

posed upon the community that men may have smooth faces, and look like boys and women, there are physiological objections against shaving, to some of which we will call attention.

In the first place, it is well known that shaving stimulates the growth of hair most decidedly. In habitual shavers we generally see it grow at least a line in two days—one hundred and eighty-three lines in a year—fifteen inches. Few men's beards will grow to one-half this length in that time; consequently, whatever force of circulation, of innervation, of primary and secondary metamorphosis is necessary to produce that artificially stimulated growth, so much is the shaving individual abnormally and unnecessarily taxed in his heart, his blood, and his nerves. We have, of course, no data by which to calculate this loss positively. But that there is a loss, by this superimposed taxation upon the system, there can be no doubt. It is not, however, simply loss of the hair, but also the continual irritation of the skin by this process, which must necessarily react upon the system. If of 60,000 daily pulsations of the heart only one hundred pulsations are necessary to carry on the metamorphotic processes and supply the expenditure caused directly or indirectly by the unnaturally stimulated growth of beard, leaving 59,900 pulsations for all other growth and processes of nutrition, etc., it will give us 36,500 contractions of the heart in the year, or 1,095,000 in thirty years (a generation) of shaveable life—equivalent to eighteen days; in other words, the tax upon the system by shaving would shorten life eighteen days; this, multiplied by the figures of a shaving nation of thirty to forty millions, reckoning four millions of shaveable individuals, amounts to a loss of about 200,000 years during the period of thirty years, usually allowed for one generation; or 6,666 years per annum.

It might, however, be objected that this superimposed taxation upon the system does not really shorten life, but only necessitates the ingestion of more material to supply the waste. Granting this, for argument's sake, it only throws the loss back upon the supply of material,—and any one can readily compute it for himself.

We have thus far spoken of the practice of shaving only as it affects the community, and in its general, economical, and physiological bearings. But there are other, more special, considerations against this practice, and in favor of the natural growth of beard.

The continual daily use of the razor in denuding, exposing, and irritating the skin of the cheeks, and lower maxillary and upper cervical regions, deadens the sensibility of the cutaneous nerves, and, in this way, by lessening their power of exciting reflex action, destroys that vivacity of the countenance and play of features, which is natural to man as an emotional being. It has been well said that there is more expression in a beard than in a smooth face. Contrast the vivid play of features and expressive vivacity in a full-bearded German or Frenchman, with the cold, stolid, paste-board look of a daily-shaving Englishman, when under the same emotional influences; or observe the quick, healthy blush of the cheeks, apparent even through the beard of an Italian or Spaniard, when under the same circumstances the dullness of partial paralysis overhangs the victim of the barbarous custom, and his very emotions only betray themselves in grimaces.

The fact will be apparent to all who choose to inquire into the subject, and to none more than to those who daily torture themselves with the razor, that the process of shaving produces temporary or partial anæsthesia of the cutaneous sensitive nerves. When you feel your cheeks and chin with the hand, after every vestige of manliness in the face has been hacked out almost by the root, do you not feel as if the cheek did not belong to yourself but that you were feeling over some old parchment? And is not the anæsthesia produced such that you do not even feel that your face has been cut until your fingers are besmeared with blood? Are we not justified, then, in asking, why should man thus waste time in a practice which spoils his manly looks, dulls the expression of his features and makes them grimaces, while it permanently destroys the sensitiveness of the cutaneous nerves involved?

But, beside this, the natural growth of hair on the cheeks, lips, around and under the chin,

serves as a protection to important parts underneath. The vocal apparatus, we all know, is very readily affected by sudden changes of temperature, by too rapid evaporation of the perspiration, or by a continuous draft of air around the parts, in the same way as toothache, rheumatism of the neck, or shoulders, and tonsillitis often arise from the same causes. The injurious effect of the removal of this protection, even in midsummer, is observed, in nine cases out of ten, in the huskiness and hoarseness of the voice, when your friend has "caught cold" after having shaved off nature's "comforter."

The objection that women have no beard, and the conclusion often drawn from this fact, that it cannot be intended by Nature for protection, has been shown by Dr. Hunt to be superficial and fully explained by anatomical considerations. The larynx and trachea in the female are deeper seated, and a more abundant layer of adipose tissue offers a protection analogous to the beard in the male, while it is a very curious fact in the comparative physiology of individuals, that naturally fat men, as a general rule, have less beard, and *vice versa*. Look at the sophomores of a college, and pick out the "fat boys" of the class, and you will find that their leaner companions of the same age are far in advance regarding capillary development.

Another reason sometimes urged, and one which our Montreal cotemporary adduces to show that beard is not important as a physiological means of protection against cold, is that it is the distinguishing feature only of the male part of the Caucasian race, and as it is not found among the Esquimaux, the Laplanders, the Kamschatdales, the Tartars, and other races inhabiting the Arctic regions, that therefore this argument must fall to the ground. It seems to us quite to the contrary. The injurious effects of cold are not manifested where the temperature, though very low, retains a more or less uniformity throughout the year. It is the extreme changes, and more than this the *sudden* changes in the temperature, with their accompanying changes in the hygrometric state of the atmosphere, that affect the health in various ways. Hence it is that the Caucasian race, inhabiting countries where the heat of the summer sometimes vies with the tropics, and the cold of the winter with that of Siberia, and where the meteorological changes are characterized by suddenness as well as extremes, and a race, which is itinerant, emigrating, colonizing, active, *par excellence*, should have been supplied by Nature with a protection which other races do not need, because they are not subject to the same influences. It is not as a colorifacient that the beard is claimed as a protective against cold, as our cotemporary assumes, but as a natural *equalizer* of heat and cold in the sudden changes of temperature. And, hence, we claim that there is no country in which the plea for beard is more timely than here, where these influences are intensified; where movement, action, exposure, form our very life-element; where, to-day, we get into cars, muffled up in overcoats and shawls, to land, in a few days, where linen coats and straw hats are quite comfortable.

The only argument which our Montreal colleague advances in favor of shaving, is cleanliness. Can a man not be clean without shaving? And is not, in many cases, the smoothly-shaven face but a shining surface—a polished boot, with a dirty stocking inside? Does it follow, because a man shaves every morning, that he keeps the rest of his body clean? Or, is it not often the case, that the latter is neglected at the expense of the razor? Or, are we to consider beard, hair, intrinsically unclean? Then, the sooner we shave our heads the better, and we suggest that our excellent cotemporary begin by immediately adopting the practice of our Japanese colleagues.

Much more might be said on this question, which is by no means an unimportant one. It has its economic, social, and physiological bearings; there is an æsthetic side to it as well as a domestic, and—shall we say poetical? Can you see a child, all joy in playing with the beard of its grandfather, whitened by the snow of life's winter, without contrasting the scene with one where a smooth, old parchment face, with leathery wrinkles, offers to the little curly-headed urchin not the hair-breadth of a chance

to steal himself into the old man's affection, and to pull the bell-ropes which might awaken the sounds of memory's pleasant dreams?

So much for beard!

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The fifty-fourth annual convention of this institution will be held in the city of Albany, on the 5th day of February (the first Tuesday) next, and continue until Thursday. These meetings, of late years, attract a large attendance, and are the occasion of much interest to the profession throughout the State and country. The society exerts a wholesome and conservative influence on the profession, and the public also. Few of its members ever wander into the ultraisms of the day, while most of them are pressing forward into the new fields of medical knowledge, with commendable energy. While its members are stimulated to extend and sustain the high reputation the society has acquired, the institution is becoming more and more to the public a safe-guard from the imposition of those who would pander with the public health.

Papers of interest will be brought before the next meeting, and a full synopsis of its deliberations will be laid immediately before the readers of the Reporter, which, since its weekly publication, has always been first in securing these to the profession.

A delegation from the Connecticut Medical Society has been appointed, and is expected to be present, and we hope to see the day when these mutual delegations will form a strong bond of union between the State societies.

Physicians about to visit Albany, will find it of interest to make this the time of their visit.

The annual address will be delivered in the capitol, the Assembly Chamber, on Wednesday evening, the 6th inst.

SPIRIT OF THE MEDICAL PRESS.

The *Medical Journal* of North Carolina begins its new volume, published at Raleigh, with the January number, under the editorship of Ch. E. Johnson, M. D., and S. S. Satchwell, M. D., Dr. Warren, the former editor, having removed to Baltimore.

Its opening editorial states the object of the Journal. It is "not an individual enterprise, but a work instituted by the Medical Society of the State of North Carolina for the inculcation and dissemination of scientific principles in the practice of medicine, and for the promotion of the general interest and welfare of the regular profession."

The initial number of the Journal, under its new management, speaks well for the latter, and we wish our new colleagues the best success in their undertaking.

In regard to the granting of diplomas, the same Journal has the following remarks:—

"We have copied from the number of the London *Lancet* for November, 1860, an article upon this subject, showing what little importance the English, after a while, will place on the diplomas granted by Medical Colleges in this country. It is of value also to North Carolinians, as showing the wisdom of the General Assembly of this State in establishing a State Board of Medical Examiners, whose duty it is to assemble on the first Monday in May, in each and every year, and examine all applicants for license to practice medicine in the State, and according to law, without regard to the diploma. They have followed, in this respect, the good example of the Army and Navy Boards of Medical Examiners for the United States. In these arms of the public service, an applicant for surgeon's or assistant-surgeon's place, with a half dozen diplomas in his pocket, will be required to stand the same examination with him who has no diploma."

This subject cannot too often be referred to. The time will and must come when the example of North Carolina in this respect shall be followed by all the other States. For this object let us all work harmoniously.

Correspondence.

BOSTON CORRESPONDENCE.

THE BED CASE.

Boston, Mass., Jan. 24th, 1861.

I send you, according to my hitherto forgotten promise, Dr. Channing's "Bed Case." It certainly is worth reading, and those of the Doctor's friends, who know of its publication, will, undoubtedly, like to procure copies of it. It is got up in pamplet form by Ticknor & Fields, of this city. The same subject has been treated to a less extent by Gooch, in his papers on the Diseases of Females.

Dr. Channing's paper is the history, etc., of

that class of cases which every physician has at times under his care, in the persons of those who travel from one end of the country to the other in search of the last new quackery, for whom no humbug is too gross to believe, no medicine too horrible to take, and who settle down into the contemptible position of interesting invalids. Were it not for them, homœopathy and spiritualism and mesmerism would lose one-half their admirers; sympathizing friends and tender parents would lack one-half at least of the objects of their admiration, and a great many husbands would stay at home evenings.

But what is the Bed Case?

"This affection gets its name from a symptom, Its subjects LIVE IN BED. They may be taken up daily, weekly, or monthly. But not as others take themselves up, to stay up, and to live up. They are taken up mainly to be put into bed again; or, in other words, to have the bed moved and made anew, that it may do the most and the best for its patient tenant for the four-and-twenty hours next ensuing. Few things would strike the observer more than the cheerful endurance of exile from the outward world, its enjoyments, its excitements—did he not see in it intellectual and moral features which are often singularly attractive. It is a life entirely by itself. It is an experience which nothing but itself presents. It is a whole life, and yet the most unchanged of all lives. The patient does not go from the blue room to the green one—that change of place which figures so largely in an old novel. The chamber, on the contrary, is the whole and sole home—the journey is from bed to chair. The business of life consists in being taken daily out and put back into the same two places, the bed and the chair, and which at length become as one, the difference being too slight to raise a suspicion that they are other than the same.

"Its physiognomy is peculiarly striking, so that he who has once really seen it—for many observers do not *see* what they *look* at—he or she who has seen a genuine Bed Case will hardly fail to recognize it, even under the various and seemingly different phases which it may present. It repeats itself in a thousand cases, and though the remark will be again and again made, 'How strange all this is! why does not Miss or Mrs. Blank get up?' etc., etc.—he who makes it does it often only from habit, or from as common a motive, viz: that it is easy to say it as anything else."

The Bed Case every physician will recognize. It is unpleasant, but one is forced to believe that a large part of the business of some practitioners consists in making such cases. To cure them requires, first, the power to diagnosticate, and, secondly, pluck. He who does not possess both will find, after years of untiring devotion to some interesting female, that some new humbug, with perhaps less pleasing manners even than his own will step in, and in a few weeks carry off the prize. Why, one woman has been cured for the third time of this terrible disease, by a third practitioner now in this city, and who will, doubtless, live to be cured by three more, and give to each her usual present, in addition to his fee.

One cannot quote sufficiently from this paper without quoting the whole, if he would give a fair idea of it. It is short, and worth every physician's while to read it.

Obstetrical Society.—We have just established in this city "The Obstetrical Society of Boston." Its object is "to cultivate knowledge in all that relates to obstetrics and the diseases of women and children." The officers for the first year are as follows:—Dr. Walter Channing, President; Drs. D. Humphrey Storer and Chas. G. Putnam, Vice-Presidents; Dr. Wm. Reed, Recording Secretary; Dr. Benjamin E. Cotting, Corresponding Secretary; Dr. Chas. D. Homans, Treasurer; Drs. Charles E. Buckingham, Anson Hooker, James M. Phipps, and John P. Reynolds, Prudential Committee. The meetings will be held bi-monthly.

Yours truly, C. E. B.

NEWS AND MISCELLANY.

Syphilis in the Fifteenth Century.—At a recent meeting of the London Epidemiological Society, Prof. Simpson, of Edinburgh, read a paper on the appearance of syphilis in Scotland in the last years of the Fifteenth Century.

The following are some of the edicts issued by the authorities, when the disease, as it seems, had been diffused by infected troops:

By the Aberdeen edict it was "statut and ordanit, that all licht wemen be chargit and ordainit to decist fra thar vices and syne of venerie;" and a few years later, "that diligent inquisition be taken of all infect personis with this strange *sickness of Nappellis.*"

The Edinburgh edict was six months later in date than the first of those issued by the Aberdeen authorities. It was, as already stated, drawn up by the King's Privy Council, and proceeds thus:—"It is our Soverane Lordis will and the command of the Lordis of the Counsall, sent to the prowest and bailies within this burgh, that this proclamation follow and be put into execution for the eschewing of the greit apperand danger of the infection of his lieges fra a contagious sickness callit the Grandgore, etc.

"That is to say, we charge straitlie and command that all manner of personis, being within the fredome of this burgh, quhilk are infectit, or has been infectit and incurit, of this said contagious plage callit the Grandgore, devoyd, red, and pass furth of this town, and compair upoun the sandis of Leith, at ten houris before none, and thair sall have and synd botis reddie in the

haven ordainit to thame, be the officary of this burgh reddilie furneist with victuales, to have thaim to the 'Inch,' and thare to remain quhile God provide for their health."

The edict further ordains that those who take upon them the cure of the disease are also to pass with the "infectit" to the "Inch;" and disobedience of the edict on the part of the doctor or his patient rendered both alike amenable to the penalty of being "brynt on the cheik with the 'marking irne,' that they may be kennit in time to cum."

At the time of the first appearance of syphilis in the northern realm the throne of Scotland was occupied by James IV., a prince who was a great patron of the arts and sciences of his time. At different times we find him experimenting in chemistry, in physiology, and in medicine. His daily expense books contain many entries of purchases for instruments and materials to make the unmakable "quinta essentia," or philosopher's stone; and he had laboratories for these investigations both at Edinburgh and Stirling. King James practised the art of leech-craft, as well as experimented in alchemy and physiology. He was, says Lindsay of Pitscottie, "weill learned in the airt of medicine, and was ane singular guid chirurgiane; and thair was none of that profession, if they had any dangerous cure in hand, bot would have craved his adwyse."

The High Treasurer's account shows that the king had a right royal way, in one important respect, with his patients, that by it he might have secured a large consulting and private practice, even in these modern days of high rivalry and competition, for he paid his patients, instead of being paid by them. Thus, in his daily expense book, under the date of April 14th, 1491, is the following entry:—

"Item, to Dominico, to gif ye King leve to lat him blud," 18*s.* Scotch; and, a short time afterwards, "Item, to Kynard, ye barbour, for twa teith draun furtht of his hed be ye King, xviii. shillings."

The Clinics at the hospitals and colleges continue to be of extraordinary interest during the present session. Perhaps the material presented has been before unequaled. This is, doubtless, partly owing to the financial troubles which force an unusual number to seek eleemosynary medical aid, but more to the wearing away of the prejudice and sensitiveness which once existed in opposition to being treated before medical classes.

The Latest Pathy is the Movement Cure, about which a volume has been published, and an institution for its practice opened in New York City.

Pennsylvania Hospital.—Dr. A. Hewson has been elected a surgeon to this hospital.

Arsenical Poisoning.—A remarkable case of poisoning by arsenic was tried at the Durham Assizes, in which it was proved that the accused person, the wife of the deceased, purchased a quarter of a pound of arsenic, ostensibly to cure her husband's toothache. It was sold to her labelled mercury. He died shortly after taking some medicine which she administered, exhibiting symptoms of arsenical poisoning. In his stomach was found 150 grains of arsenic. It was proved, on the one hand, that she had contemplated her husband's death; but it was proved also, on the other, that the deceased was in the habit of using the "mercury"—that is to say, the arsenic, for his teeth, and that she had seen him put a quantity of it into a lucifer box, and take a spoonful from it, into which he dipped his finger when he had wetted it, and rubbed it into his gums. The teeth of the deceased were proved to be very much decayed, but no irritation of the gums or sign of the recent application of arsenic appeared. Of course no conviction could follow after such evidence.—*Dublin Med. Press.*

Expulsion of Fœtus in its Membranes.—Dr. Baldwin, of New Brunswick, reports in the transactions of the State Medical Society of New Jersey for 1860, a case of labor at seven months, in which the fœtus, placenta, and an unruptured bag of water, were expelled together. The circulation through the placenta continued for twelve minutes after birth. The pulsations of the cord were not found to correspond in frequency with those of the fœtal heart. There was no bleeding from the maternal side of the placenta.

New Remedy for Sick Stomach.—Dr. Halsey, *ibid*, reports the case of a robust man, aged 25, "who was taken with violent pain in the bowels and 'sick stomach.' The usual remedies affording no relief, the doctor, as a last resort, ordered him to 'turn somersaults over the floor.'" This singular expedient immediately restored the patient. Was it intussusception or blind hernia? the doctor asks.

Climate of Pekin.—Sir John Herschel states that in the climate of Pekin the winters are, on an average, ten degrees colder, and the summers nineteen degrees warmer, than in London. The annual amount of rain is about one-twelfth greater. The temperature of solar exposure is of course very great in summer.—*Dublin Med. Press.*

Army and Navy.—Passed Assistant-Surgeon B. Rush Mitchell has been ordered to the Navy Yard at Philadelphia. Assistant-Surgeon John Campbell, from Plattsburg, ordered to Fort Hamilton.

Florence Nightingale continues in feeble health, and, it is thought, will not recover.

A Midwife Committed for Manslaughter.—An inquest was held on Saturday, at the Three Tuns Inn, High street, Dudley, before Brooke Robinson, Esq., coroner, touching the death of a married woman, aged 40, named Rosanna Westwood, who met with her death from improper and violent treatment on the part of a midwife named Rosanna Weobley. The case is rendered more painful on account of the unfortunate deceased having been deserted for above three months by her husband.

Elizabeth Lawless, a widow, residing in Vicar street, Dudley, said she knew the deceased, who resided with her. She was a married woman, and her husband is living. On Monday, the 17th inst., she was taken ill, and the woman Weobley was sent for on Tuesday morning. Deceased asked her (witness) to send for Mrs. Weobley. Upon her arrival, she asked her if it was all going on right, and Mrs. Weobley said it was. She remained with deceased till six o'clock on the Tuesday evening, and witness then thinking, from the suffering of deceased, that all was not right, sent for a medical man. Mrs. Weobley was agreeable for a medical man being sent for. Witness then went to Messrs. Johnson & Horton's surgery, and Mr. Rowton returned with her. Upon seeing Mrs. Westwood, he at once told witness that she would die. Mr. Rowton removed the child at once, but deceased expired about half-past twelve o'clock the same night. During the time Mrs. Weobley was there, she made several attempts to relieve the deceased; and at about twelve o'clock in the day said she would fetch a powder, which would relieve the pains. She returned with what she had fetched, and boiled it in a sauce-pan, and then took it to deceased in a cup.

W. E. Johnson, Esq., surgeon, said he made a post-mortem examination of the deceased on Friday. There were no external marks of violence. There was great effusion of blood in the cellular tissues of the left side, and a quantity in the cavity of the abdomen. The uterus had been ruptured, which was the cause of death. He had heard the previous evidence, and had seen the powder produced. It was never used by medical men in unnatural presentations.

The jury, after retiring a short time, returned a verdict of manslaughter against Rosanna Weobley, and the coroner at once committed her to take her trial at the next Stafford assizes. The prisoner showed the greatest apathy, and said "they could do what they liked with her."—*Dublin Medical Press.*

Intra-Uterine Emphysema of the Lungs.—Prof. Hecker relates (*Virchow's Archiv.*, 1859,) the following very important case in reference to the medico-legal questions of live or still births. During his residence at Marburg he observed the following circumstances: a primipara, aged twenty-two, was in labor at 3 A. M. of the 7th of March, having suffered light contractions for days previously. The conjugate diameter was defective by an inch. The liquor amnii escaped at 11 A. M., the os uteri being now partially open. The pains were very inadequate, and at this time the fœtal heart, which had been hitherto plainly audible in the left side of the uterus, could no longer be heard. This was the state of things at 4 A. M. of the 8th, when the labor began to proceed rapidly, the child being born without assistance at five o'clock. It was born showing no trace of motion of the head, or of breathing-movement; no efforts at resuscitation availed, it was quite dead. The body was examined six hours afterward. It weighed seven pounds. There was no trace of putrefaction. The lungs were of a large circumference, filling the chest, partly covering the pericardium; they were brighter than usual, gray-red, and felt spongy. They floated freely in water; they were extensively emphysematous.—*Brit. and For. Medico-Chir. Rev., July*, 1860.

Port Physician—Dr. Trenchard, of this city, has been appointed Port Physician.

Answers to Correspondents.

Dr. J. F. Kennedy, Iowa.—The New Sydenham Society's publications are all in the English language, being translations of foreign works.

Dr. Richard J. Dunglison is the honorary local secretary in this city, and applications may be made to him. The subscription per annum is a guinea, or *five dollars and twenty five cents* to which about a dollar will be added for duty, etc.

—o—

COMMUNICATIONS RECEIVED.

Delaware—Dr. C. Rogers. *Illinois*—Dr. C. H. Mills, (with encl. for Dr. Goodwin and Dr. J. R. Kay,) Dr. E. M. Winters, Dr. A. D. Wilson, (with encl.) *Indiana*—Dr. C. West, (with encl.) *Iowa*—Dr. J. F. Kennedy, (with encl.,) Dr. J. Harvey, (with encl.) *Kentucky*—Dr. T. M. Swartz, (with encl.,) Dr. F. F. Blaw, (with encl.) Dr. J. W. Fox, (with encl.,) Dr. W. H. Hunt, (with encl.) *Massachusetts*—Dr. A. Chapin, Dr. C. E. Buckingham. *New Jersey*—Dr. G. F. Fort, Dr. S. Wickes, Dr. E. J. Blackwell, (with encl.) *New York*—Dr. Williard, Dr. W. A. Culbert, (with encl.) Mr. T. G. White, Dr. J. A. Monell, (with encl.,) Dr. T. P. Angle, (with encl.,) Dr. P. Moulton, (with encl.,) Dr. T. F. Caldwell, (with encl.,) Dr. J. E. Ellis, (with encl.,) Dr. C. H. Sherwood, (with encl.,) Dr. H. Sanders, (with enlc.,) Dr. G. J. McKay, (with encl.) Dr. A. Naudain, (with encl.,) Dr. E. D. King, (with encl.,) Dr. W. Swift, (with encl.,) Dr. J. A. Brady. *Ohio*—Dr. MacNicholl, (4,) Dr. P. W. Chase, Dr. C. M. Kramer, (with encl.,) Dr. Tomlinson, (with encl.,) Dr. Goddard, (with encl.,) Dr. Thornton, (with encl.,) Dr. W. T. Brown, Drs. R. and J. Thompson, Dr. S. P. Hunt, (with encl.,) Dr. J. T. Cowden, (with encl.,) Dr. S. S. Boyd, (with encl.,) Dr. A. J. Martin, (with encl.,) Dr. A. Jones, (with encl.) *Pennsylvania*—Dr. A. J. Martin, Dr. M. H. Clark, (with encl.,) Dr. J. L. Atlee, Jr., Dr. J. Levergood, Dr. W. M. Herron, Dr. H. Riegel, Dr. G. W. Smith, Dr. W. C. Roney, Dr. N. S. Marshall, (with encl.) *Tennessee*—Dr. J. S. Fort, (with encl.) *Washington, D. C.*—Dr. J. M. Toner, Dr. R. K. Stone.

Office Payments.—Dr. A. B. Longshore, (Pa.,) Dr. Nordman, (adv.,) J. T. Atkinson, Dr. J. Montgomery, (Pa.) By Mr. Swaine: Drs. Flynn, A. B. Campbell, C. B. Roberts, Byington, and D. W. Kolbe, (adv.)

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 225. } PHILADELPHIA, FEBRUARY 9, 1861. { NEW SERIES, VOL. V. NO. 19.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on the Diagnosis of Abdominal Tumors, with a Case of Omental Tumor; Delivered at the Philadelphia Hospital, January 30th, 1861.

By. J. M. Da Costa, M. D.,
Attending Physician.
(Reported and Condensed for the Medical and Surgical Reporter.)

The case which I am about to bring before you will serve as a point of departure for some remarks on the diagnosis of abdominal tumors. You remember that at the last clinic I showed you a case of a woman presenting a tumor of the left lobe of the liver, and I took occasion then to call your attention to the importance of minute examination in this class of cases.

The patient now before you is a colored man, sixty years of age, by occupation a musician. His general health was good up to the twenty-fifth of last August. At that time he was at work in stowing away pipes of liquor at the custom house, and, while thus engaged, struck his side against a barrel, in the left hypochondriac region. He had at the time a sensation, as if something had given way, and suffered much pain and faintness; he could not walk, but had to be taken home in a carriage. The abdomen, especially around the epigastric region, was much distended.

He entered the hospital a few days after the accident. Fullness and distension in the epigastric region remained, and he became subject to attacks of epistaxis, lasting for twenty-two days, with short intermissions. His bowels were more or less constipated, his appetite good, there was no headache, no palpitation of the heart. The hemorrhage from the nose has occasionally returned. The abdominal enlargement gradually began to subside without any positive treatment having been resorted to, except that his strength was sustained by quinine and iron.

This case, then, commenced with a violent blow, subsequent to which we observe the appearance of an abdominal tumor, the nature of which must be determined in order to arrive at rational therapeutical indications.

In all abdominal tumors, percussion furnishes the most reliable means of diagnosis; without it, indeed, it would often be extremely difficult to arrive at any satisfactory conclusion, both as regards the real nature of the disease and the treatment to be adopted. Hence, the first step in our examination of this patient will be to percuss the abdomen, and to fix, if possible, the precise location of the tumor.

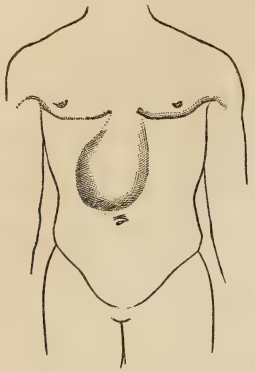
In percussing, we find the upper border of the liver in its natural position. But, at its lower border the percussion-dullness does not cease suddenly, as it does in the normal condition of the parts, but extends far downward and toward the left. Percussing further, we find that the tumor, with its bulk occupies chiefly the epigastric region, and extends to within half an inch of the umbilicus.

On percussing over the spleen, this organ is found in its natural position; the dullness caused by the tumor does not merge into that of the spleen, and hence we are sure that it is unconnected with this organ. It is different, however, with the liver. There is no appreciable demarcation between the percussion-dullness of the liver and that caused by the tumor; both are merged into each other.

The tumor is now somewhat painful on pressure. On placing the hand over it, a slight pulsatory impulse is occasionally perceived; the skin covering it is not perceptibly changed, and can be readily moved. The heart-sounds are feeble, but normal; no disease can be detected in the lungs.

This being the history of the case, and the

present condition of the patient with the leading physical signs, we will now apply that method



The cut shows the relative extent of the tumor, from the ensiform cartilage down to an inch within the umbilicus, and from the lower margin of the left lobe of the liver towards the spleen.

of reasoning, which must be resorted to in all cases of abdominal tumors, to render a diagnosis certain—the method by exclusion.

This tumor might be an enlargement of the left lobe of the liver; a cancer of the stomach; it might be an omental tumor, or an aneurism, or, perhaps, a displaced and enlarged kidney. Let us first take up the question of aneurism.

The tumor is painful on pressure; so, sometimes, are aneurisms. It has some pulsation—this is the case with aneurism. It came on after an accident, after a blow, and was rapidly developed—exactly the history of aneurism in many cases. All these signs would favor the supposition, but yet there are conclusive reasons why the tumor cannot be considered aneurismal.

In the first place, the pulsation is but slight. If there existed an aneurism of the size which this tumor presents, extending from the lower border of the liver to within half an inch of the umbilicus, occupying the bulk of the epigastric region, the pulsation communicated through it would be, beyond all question, much more marked.

Secondly, the patient has very little or no pain in the back, which is one of the most constant symptoms of abdominal aneurism.

And, in the third place, when the ear is placed over the mass, there are heard but indistinct, remote sounds, while in aneurism of this size we ought to have a well-marked blowing sound, or, at all events, distinct sounds. The sounds which are heard are, evidently, transmitted sounds, not produced in the tumor, but the natural sounds of the aorta, modified somewhat by passing through the solid medium of this tumor.

We have thus thrown out the existence of aneurism from the pathological possibilities in this case.

That it cannot be connected with the spleen has already been shown. The question as to its being a displaced or enlarged kidney may, perhaps, seem strange to you on account of the natural position of those organs. Yet enlarged and displaced kidneys, having undergone suppuration or cancerous degeneration, occasionally manifest themselves in tumors of this sort, and then constitute pathological conditions extremely difficult of interpretation and puzzling to the practitioner. There is, however, always in these cases considerable functional disturbance in the urinary function, accompanying the organic changes, and the total absence of this, as in the present instance, excludes the probability of such a lesion.

From the same absence of disturbed function we must conclude that the tumor is not connected with the liver; and, although the proximity of the tumor to the lower margin of the organ is such as to render the percussion-dullness of both inseparable, there has been, throughout the whole course of the disease, not the slightest approximation toward jaundice, a symptom almost universally present when the liver has undergone structural changes; and the other symptoms, such as disturbed digestion, impaired appetite, etc., connected with hepatic disturbance, have been entirely absent.

The stomach cannot be affecied, for the same reason.

All these pathological conditions, then, having been set aside, there is nothing left than to consider the tumor as omental, connected with the omentum or mesentery. That it is not malignant is evident from the want of pain, and its gradual subsidence and diminution in size. It probably was at first a blood-tumor, caused by the rupture of a blood-vessel, the blood being extravasated into the substance of the omentum; this would explain the suddenness of its appearance, the rapidity of its development, and its gradual diminution and disappearance, the latter being due to the partial absorption of the blood. It is not improbable, too, that the abdominal walls share in its production.

With this view of the nature of the case, the indications of treatment are simple. Proper local means to stimulate the reabsorption of the

elements of the tumor should be resorted to, and, among these, the best will be friction over the tumor with equal parts of iodine and belladonna ointments; while, internally, quinia and iron will, if necessary, be given to keep up the patient's strength. By these means the tumor may, in the course of time, be diminished to such an extent as to give him no further trouble, and to lead to no serious consequences.

COMMUNICATIONS.

On the Reduction of Luxations of the Head of the Humerus, simply by Manipulation. Illustrated by Twelve Cases.

By Henry H. Smith, M. D.,
Professor of Surgery, University of Pennsylvania.

Having in January, 1858, demonstrated to the medical class of the University of Pennsylvania in attendance upon the surgical clinic, as well as in a medical journal* the facility with which appropriate manipulation, without extension or counter-extension, would reduce a luxation of the humerus of three weeks standing, in the powerful right arm of a blacksmith, I have awaited the result of further experience in regard to the advantages of this method (elevation and rotation of the head of the humerus) before renewing its claim to professional consideration.

In order to establish this, attention is now asked to a few points of the anatomy of the joint, especially in connection with the changes produced in its component parts by luxations; to the manipulation demanded for their reduction, and to the result as established in the twelve cases hereafter cited.

In examining the structure of the shoulder joint, it will be readily seen that the capsular ligament is thickest above, being quite thin at other points, and so deficient *below* that Bichat regarded it as supplied entirely by the tendon of the sub-scapularis muscle. The thickness superiorly, is mainly due to the ligamentum ascititium, which keeps the head of the humerus on its proper level, but which, when divided, permits it to fall about one inch and suffer a partial luxation†. In consequence of these peculiarities the capsular ligament lacerates easily anteriorly, inferiorly, and posteriorly, the three seats of luxation, whilst it is so loose as to offer but little resistance to any motion of the head of the humerus, either within or without the walls of the joint. Owing to this arrangement, the capsular ligament even when torn at one point, offers no resistance to the luxated head of the humerus when the bone is brought at all in proximity to the rent made by its escape from the articular cavity. The chief strength of the humeral articulation is therefore due to the ligamentum ascititium and to the muscles that surround the joint. Of these the *supra-spinatus*, arising from the scapular fossa supra-spinata, is inserted into the inner face of the greater tuberosity of the os humeri, thus raising the arm and rotating it outward.

Elevating the humerus and rotating the head of the bone outward, by means of the fore-arm, relaxes this muscle and removes the main obstacle to the reduction of axillary luxations. The *in-*

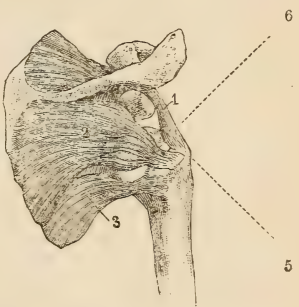


Fig. 1.

A back view of the muscles inserted near the head of the humerus and affected by its luxation. 1. Supra-spinatus stretched. 2. Infra-spinatus stretched. 3. Teres minor. 5 and 6. Indicate the position of the humerus when elevated, and the effect on these muscles.

fra-spinatus muscle, arising from the fossa infra-spinata, is inserted into the middle facet of the greater tuberosity of the humerus, rotating the latter outward and backward. In axillary luxations it will also be relaxed by the manipulation that relaxed the supra-spinatus muscle. The teres minor and deltoid are similarly relaxed by this movement. The *subscapularis* arising from the body of the scapula is inserted into the lesser tuberosity of the humerus, rolling this bone inward and forward. Elevating the humerus and rotation of the head of the bone outward, renders this muscle tense, by causing it to bind against the neck of the bone—hence the resistance or limit to external rotation, which is removed by bringing the arm down to the side

* American Journal of Medical Sciences, No. LXX., N. S., p. 344.
† Horner's Anatomy, 8th edition, Philadelphia.

and rotating the head of the humerus forward and inward. (Fig 2.) These muscles being more

Fig. 2.

A front view of the muscles of the shoulder. 1. Supra-spinatus stretched by the displaced humerus. 4. Subscapularis relaxed.

or less stretched in all the luxations of the humerus, (aided by the deltoid and pectoralis, under certain conditions,) hold the bone in its false position. Overcoming their contraction by judicious elevation and rotation of the os humeri, will therefore readily reduce an axillary luxation. The manipulation is as follows: Elevate the humerus as much as possible, or, at least, to a right angle with the body, and flex the fore-arm at a right angle with the arm, so that the palm of the hand will present to the patient's abdomen. Then seizing the wrist with one hand, and the surgical neck of the humerus with the other, whilst the arm is thus elevated and the forearm flexed, use the fore-arm as a lever, and rotate the head of the humerus upward, outward, and backward, until the palm of the patient's hand looks upward, (Fig. 3,) and a strong resistance to

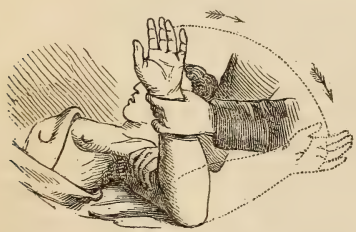


Fig. 3.

Representation of the manipulation of reduction, by elevating and rotating the head of the humerus. The dotted lines show the extreme position in rotation upward, outward, and backward whilst the arm is elevated.

further rotation, caused by the tendon of the subscapularis, is felt. Then bringing the elbow slowly to the side, and keeping the humerus parallel with the middle line of the axilla—that is, not carrying the arm either toward the anterior or posterior portion of the trunk—*rotate* the head of the humerus upward and forward by reversing the motion on the fore-arm until the palm of the hand (Fig. 4) shall again look down-

Fig. 4.

Rotation upward and forward of the head of the humerus as accomplished by bringing the elbow to the side and reversing the motion of the fore-arm.

wards, bringing the elbow to the side during this latter rotation, when the luxation will be reduced with great ease to both patient and surgeon in less time than it takes to describe the manipulation. (For the drawings illustrative of this paper, I am indebted to the pencil of Dr. J. J. Woodward, of Philadelphia.)

In brief, and to prevent misconception and the failure of the proceeding from want of close attention to the directions, as well as to systematize the proceeding, this method may be arranged into three motions or periods.

1st. Elevation of the arm and flexion of the fore-arm.

2d. Rotation of the head of the humerus upward, outward, and backward, as far as is possible, by using the fore-arm as a lever.

3d. Rotation of the head of the humerus upward and inward by a reverse movement, whilst the elbow is brought to the side. The reduction of luxations by this manipulation does not require the use of an anæsthetic, provided it is gently and slowly practised, so as not to induce fear of pain or muscular resistance on the part of the patient. It may be best practised whilst the patient is lying down—as shown in the figures—but will succeed even when sitting up, although then the scapula should be steadied. If the patient resists, or is very muscular, anæsthesia will facilitate the reduction.

To reduce an *anterior* luxation, carry the elbow as far backward as possible and elevate it so as to throw the head of the bone into the axilla, then treat it as an original axillary luxation. The rent in the capsular ligament will offer no obstacle. The posterior luxations have long been reduced to axillary luxations, simply by elevating the arm and carrying it strongly forward. The following cases illustrate the result of the method just described.

Case 1.—J. D., æt. 35, blacksmith; luxation of right arm anteriorly—the head of the humerus resting beneath the clavicle and remaining unreduced for three weeks. *Reduction:* Head of bone thrust into the axilla by elevation of the arm, and thence rotated to the glenoid cavity by the method above described, in a few seconds. Patient etherized and treated (Jan. 6, 1858) at the surgical clinic of the University of Pennsylvania.

Case 2.—D. D., æt. 48 years; recent luxation into the axilla. Treated by elevation and rotation by the above method, without the use of anæsthetics, by Dr. H. Lennox Hodge, of Philadelphia, May 23, 1859.

Case 3.—G. P., æt., 38 years; recent axillary luxation. Treated by the same method by Dr. Hodge, without ether, June 4, 1859.

Case 4.—T. L., æt. 35 years; recent axillary luxation. Similarly treated by Dr. Hodge, without anæsthetics, July 23, 1859.

Case 5.—D. M. D., æt. 50; recent axillary luxation. Treated by Dr. Hodge, July 26, 1859.

Case 6.—T. M., æt 52 years; axillary luxation of several hours. Treated without ether by Dr. Hodge, July 31, 1859.

Case 7.—J. I., æt. 56 years; axillary luxation. Treated under ether by Dr. Hodge, August 4, 1859.

These six cases were of recent occurrence, varying from three to twenty-four hours; in muscular laboring men, and the reduction was easily accomplished in all of them.

Case 8.—An athletic Irish laborer, aged 36 years; luxation of right arm anteriorly under the pectoral muscle, of fifteen hours' duration. Treated, July 4, 1860, by Dr. J. J. Woodward, of Philadelphia.

In this case efforts had been made by extension and counter-extension, with the foot in the axilla, but without success. Dr. Woodward, besides the method of rotation and elevation just described, also employed leverage by carrying the arm over the chest; but this additional manipulation is unnecessary.

Case 9.—In the following November, the same patient again luxated the humerus into the axilla. His medical attendant having failed to reduce it by extension and counter-extension in the usual manner, Dr. Woodward readily reduced it by elevation and rotation of the humerus, as in the previous instance.

Case 10.—Female, æt. 65; luxation into axilla, of forty-eight hours. Reduced by myself by the same plan, after failure of the usual method, in September, 1860.

Case 11.—Luxation of humerus into the axilla, of six weeks standing, in a child; similarly reduced, December 23, 1860, by Dr. J. E. Garretson, of Philadelphia.

Case 12.—A muscular boatman, æt. 47; luxation anteriorly, of twenty-seven hours' standing. Extension by the strength of five men having failed, Jarvis's adjuster was applied and broken. The patient coming at once to Philadelphia, I reduced his luxation with great ease by elevation and rotation, without the use of ether, before the medical class of the University of Pennsylvania, in December, 1860.

Although the subject of luxations of the humerus has been carefully studied since the earliest period of surgery, and the anatomical relations of the displaced bone are well understood at the present day, the laborious and often dangerous plan of extension and counter-extension has been the general practice of surgeons, especially in England and the United States, until quite recently. So true is this that many readers are, perhaps, unaware that other plans have been suggested at various periods. Hamilton, in his recent treatise on fractures and luxations, reports the following case, which is illustrative of the failure and trouble attendant, in some instances, on the plan of extension and counter-extension:—

"Mary Kanally, æt. 49, admitted into the Buffalo Hospital with a dislocation of the right humerus into the axilla, which had occurred twelve hours before. Extension and counter-extension, in every possible direction, having been made by two surgeons before she entered the hospital, Dr. Hamilton placed her completely under the influence of chloroform, and tried assiduously for one hour without success. On the following day, she was bled freely, and chloroform again administered, extension being made by Jarvis's adjuster. After more than an hour, the effort was suspended. On the following day, the patient being completely chloroformized, a third attempt was made with no better success. On the tenth day, assisted by several surgeons, the compound pullies were

applied, and the arm moved in various directions, but without success, the woman refusing to submit to further attempts, and not being subsequently heard from." *

This case, being a recent injury in the hands of skillful surgeons, may be regarded as a fair type of the defects of the method of extension and counter-extension, whilst cases—one, eight, nine, ten, and twelve—herewith reported, as well as many other instances of the defects of extension, indicate the same thing, some having been followed by laceration of the axillary artery. It is, therefore, singular that such a method has so long maintained a reputation in the treatment of an injury of such frequent occurrence.

Elevation and rotation of the head of the humerus is not a new suggestion, but has, in various forms, been alluded to by different writers, and variously employed by surgeons, though generally in combination, or as an adjuvant to other plans. It has been but seldom recognized as a simple and powerful means of treatment. Elevation alone was practiced by Brunus in the thirteenth century, but fell into oblivion until the eighteenth; since which time it has been employed in various ways, especially in conjunction with prying upward the head of the humerus by means of a fulcrum of some kind applied to the shaft of the bone. Malgaigne,† whilst recognizing its advantages, yet regards extension "as greatly aiding the reduction." Rotation alone, or combined with elevation, appears to have been known to Hippocrates, he carrying the arm behind the back whilst elevating the elbow and giving it a rotary motion with one hand, the other being employed to steady the scapula. Desault, Pettit, and Syme also, at different periods, practiced similar manipulation, though the latter, in his paper,‡ added extension, giving rotation only a secondary value, or applying it to the arm, as he did to the thigh, as an adjuvant to other measures. The facility of the reduction by *elevation and rotation alone*, the ease with which it may be employed by the surgeon, and the absence of risk of injury to the patient, have satisfied me that, methodized and amended as it is now presented, it is worthy of trial, and with this view I have cited the preceding cases as illustrative of its success, in instances where trouble and failure would certainly have been experienced in the use of extension and counter-extension.

* Treatise on Fractures and Dislocations, by F. H. Hamilton, M. D., p. 541, Philadelphia, 1860.

† Traite des Luxations, p. 478.

‡ Edinburgh "Medical and Surgical Journal," vol. 1, p. 250, et supra, 1845.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Continued from page* 475.)

Those who advocate extirpation, whilst the cyst is still undeveloped, contend that it can be effected with more facility, at this time, on account of the probable absence of adhesions, and also that it offers a greater chance of success on account of this facility, and the more powerful vital resistance in women who are not yet exhausted by a long disease.

The examination of the cases of patients operated upon at the beginning of this disease, compared with the cases of extirpation of cysts of long standing and considerable size, and having reduced the health to a marked degree, do not demonstrate the truth of the position. There are even some surgeons, with much experience, who are of opinion directly opposite. I will cite, for instance, M. Clay, who wrote me that he had remarked that "spare, worn-down women" were more easily cured. An operation so dangerous, however, as ovariotomy, ought, in my opinion, not to be justified except when it remains the last means of salvation.

Two other methods of operation have been proposed and performed on ovarian cysts, *incision* and *excision* of the walls. But as these two means are equally dangerous with extirpation, and, in the majority of cases, may be considered only as palliatives, the preference should be given, when the latter is practicable, to ovariotomy. These operations may become, however, in some cases the forced conclusions of an attempted extirpation, commenced but frustrated by insurmountable obstacles.

The series of surgical means, whose curative efficacy should have been exhausted, before we adopt the necessity of extirpation, comprehends:

1st. Simple puncturing.

2d. Tapping, succeeded by *iodine injections*, or other irritating injections, made through the abdomen or vagina, with or without having the canula remain.

3d. The opening of the cyst by caustics.

From the moment instruments are applied to ovarian tumors, no matter for what purpose, the question of life or death is broached. From the moment of intervention, which should be clearly called for, any operation that can be undertaken, may result in cure in some cases, or in death in all.

Simple tapping, considered as a means of *cure*, succeeds only in extraordinary cases; but as our practice must be based upon principle, we may state it as a rule, that this is not to be relied upon as a means of cure. Multilocular tumors, simple or compound, cannot, under any circumstances, be cured by tapping.

Palliative puncturing, when it is necessary only at long intervals, when it is adopted for an unilocular tumor, and when the fluid which it contains is serous and clear, may be able to give to the patient a respite so long, that no other kind of medication is necessary to be substituted. But the employment of puncturing, when it must be often repeated, particularly when it gives issue to a thick, or purulent fluid, is to condemn the patient to a speedy death.

Kiwisch has sought to ascertain the influence of palliative puncture on the duration of the life of the patient, and has collected from his own practice and that of others sixty-four cases, where patients were submitted to the so-called *punctions palliatives;* the result is as follows: nine women died soon after the first puncture; eight in the first six months; eleven in the course of the first year; fourteen before the expiration of the second year; nine in the third year; six in the interval comprised between the fourth and seventh year; seven have died with other diseases.

In regard to the number of tappings performed, death has supervened: in nine cases after the first puncture, and in the first month; in ten cases after the first puncture, and in the first year; six after the second puncture; fifteen after the third, and before the sixth year; in ten cases between the seventh and twelfth puncture; in seven cases after more frequent punctures.

This mournful list is not of a nature to throw much credit upon often-repeated puncturing, simply; and it is not questionable that its prolonged employment, when it might be replaced by means more efficacious, constitutes the most decided abandonment to death yet known.

The benefits of tapping, if we expect from it the re-establishment of health, or at least its continuance, should be extended only to cysts belonging to the category of unilocular, containing fluid, not dense, the slow reproduction of which requires evacuation only at long intervals. As long as the tumor presents these conditions, and does not manifestly endanger the life, nor invalidate the health, there will be no reason for substituting for this operation a more dangerous treatment, and the idea of extirpation would be especially unjustifiable.

But, when the simple cyst augments in volume, and rapidly fills up after tapping, particularly when the fluid evacuated, at first serious, becomes thick or purulent, or was so from the commencement, when the patient begins to be exhausted, we must act quickly, if we are not willing to resign the patient to her fate—which in this case will soon terminate in death—and to adhere to tapping instead of adopting more efficacious means.

We have next the resource of irritating injections, either with or without permanent openings, or the application of caustics. These means, destined to drain the fountain of evil, bear with them a greater aptitude to cure; but, *par contra*, they often expose the patient to imminent danger; and if the oft-repeated simple tappings, which might be more properly called a palliative to the physician than to the patient, kill slowly, but surely, the two above operations, more compromising, perhaps, to the surgical art, offer to patients, as a compensation for the danger with which they are surrounded, a greater chance for a perfect cure.

Still we can have no right to expect a cure from this second order of surgical means, except as applicable to cystic tumors of a certain determinate character. Thus, it is essential that the cyst should be simple, that it should be composed of one sac only, or, at least, one large predominant sac. We may add, without fear of exaggerating, (I propose expressing here the opinions of reliable men, of great experience, such as I have been able to collect from their own lips,) that the fluid should be cystic, perhaps hydatic, serous, or sero-purulent, in order that iodine injections may lead to a cure. When this fluid is thick, ropy, gelatinous, the cure effected by injections, though often repeated, is so rare that we can attribute to this manner of treatment no advantage over the simple tapping, (supposing them equally dangerous,) than lessing the accumulation of the fluid.

Nevertheless, the different forms of injections, the application of caustics judiciously

employed, will sometimes effect cures of the simple tumors, whilst they will give to the surgeon a moral respite, during the increasing enlargement of the tumor, and absence of benefit from the means already employed, during the profound derangement of the nutritive functions, and the exhaustion and despair of the patient, and enable him to derive justification for the *entreprise suprême*, the last trial that is either to destroy the existence of a being already touched by the hand of death, or to restore to her that health of which she has almost lost the remembrance.

How shall we combat those other cysts, that contain a fluid so thick that we cannot give it issue, those multilocular cysts with independent partitions, the areolar cysts, the multiple cysts, the isolated tumors with only a common pedicle, when all these forms of degeneracy have attained to such a magnitude that it becomes indispensably necessary to interfere, if it were only to prevent asphyxia?

Simple tapping will cause no relief, on account of the density of the fluid, and the disconnection of the different cavities will not allow it to escape except in small quantities.

The *iodine injections*, applicable only to cysts of many cells, susceptible of being emptied of their contents, may prolong life a little, but they *will never cure*, and merely lead the patient to the point where it becomes necessary to choose between *extinction* and *extirpation;* and may, by making her pass through a series of dangers, on that account and from pure loss, take away a part of the chances of health, that the radical operation of ovariotomy might have had in store for her.

This becomes, then, in these cases at once the most fatal, but happily the most unfrequent, but also the sole method of treatment from which we can reasonably expect the last aid.

I have thus endeavored to determine the value of the different methods, capable of being resorted to with advantage, for the cure of the various cysts of the ovaries; and I have attempted to show how successive checks would arise, pointing out in this way the second indication proposed for legitimatizing ovariotomy.

The third indication follows:

The health of the patient is compromised to that degree that death is considered inevitable and imminent. This has already been examined in what precedes, since it is admitted that we must not undertake any kind of operation, not even the most trifling, as long as the important functions are not disturbed, and as we proposed to wait, before dreaming of the extirpation of the cyst, till the inadequacy of all other, less dangerous means has been demonstrated.

It is nearly certain that those of the poor patients that have not died from the accidents appertaining to the disease, from the means employed for their cure—in a word, those that escaped rupture, inflammation, gangrene of the cyst, etc., would be so exhausted and enfeebled as to make the epoch of the fatal issue in them easily foreseen.

If we are not able exactly to fix the term of this delay, within a few weeks, within even some months, a combination of circumstances may exist, however, as will enable an experienced physician to predict unhesitatingly that such a patient will have ceased to live within one or two years at most. Now, what are two years of misery and suffering, endured on the downward road to the tomb, compared with the prospect—vague though it may be—of a return to health and to a long life?

The probabilities, however, of the duration of life, after a cure consequent to extirpation, should also be taken into account, in inducing the surgeon to undertake, or to reject this operation. If the ordinarily slow development of cysts in aged women is not a circumstance that should render a resort to the radical operation in them objectionable, we find another reason for not admitting ovariotomy except with extreme caution, in subjects advanced in years from the consideration, that the termination by natural death will not be far removed.

In young women, on the contrary, ovarian cysts are almost always rapidly developed, attaining in four or five years, at least, such a volume as to render a surgical intervention—which if delayed three or four years longer would be a prelude to certain death—indispensable. To these young victims life might still become long and beautiful! To these, especially, extirpation may offer, in compensation for its dangers, the joys of life, and sometimes those of maternity.

Before finishing the chapter of indications, in order that the facts may occupy a space as large as the discussion, I will cite another report of one of the first extirpations performed in England by Dr. Clay, so as to examine its legitimacy, in reference to the precepts given in what has already been said:—

Case 8.—The 2d November, 1842, this physi-

cian was consulted by A. E., of T., of Derbyshire, who was brought to him in a carriage. The abdomen was so much enlarged that the umbilicus touched her knees, and she could not stand erect without the greatest difficulty. She was thirty-three years of age, much emaciated, and very weak. She has had three children, and was always well whilst a girl. Seven years ago, after the birth of her second child, she perceived a tumor in her abdomen that she had not noticed before, but since her third accouchment, which took place four years later, the abdomen has continued to increase in size. During the past three months she has been tapped three times. A large quantity of serum was discharged every time.

Her abdomen was so distended that tapping became necessary the next day. There passed off thirty pounds of dark liquid; another sac was then felt, and punctured by reintroducing the trochar through the canula left in the abdomen, and directed toward the second tumor. Thirty *litres* of a fluid more clear was discharged. Aside from these two large cysts, there yet existed two smaller ones, the one in the right iliac fossa, and the other above the pubis.

This woman having come to demand aid of Dr. Clay, he represented to her, and likewise to her relatives, the advantages and dangers of extirpation, as the only possible resource. The operation was consented to.

The 8th November, 1842, Dr. Clay performed it in presence of Messrs. Radford, Hursan, etc. He proceeded in the accustomed manner. There were adhesions to the neighboring parts, very numerous, as well as very close at some points; they were separable, and the operation was finished by extracting a tumor composed of two large cavities, and two smaller, with solid matter in the walls. The *tout ensemble*, sacs, tumors, solid and fluid contents, weighed thirteen English pounds. No special accident occurred. Opium was prescribed for several days. The twelfth this woman got up for the first time, left Manchester five weeks after the operation, and was in excellent health six years later, when Dr. Clay published her history.

This case presents all the guaranties of authencity to be desired. The name of the patient, those of the witnesses of the operation, are indicated; the nature of the disease was clearly described; the tappings had only accellerated the reproductions of the fluid. What advantages could irritating injections have produced, (supposing they had been employed at this epoch,) in presence of the multiplicity of sacs found in this case? The patient had arrived to such a degree of marasmus, that death would not have had to be looked for long. At least, according to our rule, all the conditions were present to authorize an operation with expectation of success, while a reverse could not have condemned it. There is still another point on which we must dwell a moment, before proceeding to the study of the different operative methods to be employed, as many surgeons have considered it a very important point for their determination.

The subject is the acquiescence of the patient, and the manner in which it should be demanded. Some have thought that ovariotomy ought not to be undertaken, till after the patient—instructed regarding the serious nature of her state and the dangers consequent to an operation—had given her consent to submit to it. That we should never take the will of any by surprise, is the first law.

But should a physician say to a patient who expects aid at his hands, "You have a mortal disease that will surely kill you in a determinate time, in six months, in a year, perhaps a little sooner, in no case much longer; but I can perform an operation which, if it succeeds, can render you the most perfect health, but if it fails you will expire in four hours, two days, six days, after the operation is accomplished?" If the sentiment of charity, the first of all that the physician is entitled to glory in, will not prevent him from destroying the last, the only illusion that could sustain a woman in her agony, a woman so little made to await with calmness the hour of death, would it not greatly augment the chances of failure in the operation, thus to place by her side, a spectre, the talons of which the patient would imagine she felt at every pain, at every throe?

There are pious falsehoods, which, not alarming the patient, whether she accepts or refuses the operation, will always permit the physician to act or recede without having sown despair. He will always know when the hour will come to call a preacher.

On the contrary, the relatives and friends of the patient should know the whole truth; and the physician can receive from them a calm support that will aid him powerfully in adopting his course. But especially is it in the profound examination of the facts, in an indiffer-

ence to raillery, as well as to applause from others, that the physician will find the true path in this difficult duty.

And if the distress of a stranger cannot induce him to depart from the usages of his school, let him then suppose for a moment that it is his own wife, his daughter, that is concerned, and that a last effort may, perhaps, save her from being lost. Let him know that others have triumped, no matter by what means. Whether the means may be, or may not be, according to the usages, the habits, and doctrines surrounding him, entirely devoted to the last ray of hope, he, himself, in case of need, will seize the two-edged tool, will pray God, in saying: "*Do what you ought—come what will—do your duty, whatever may come of it.*"

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Service of Dr. Da Costa.

PROGRESS OF CASES.

CASE OF DIURESIS, FOLLOWING SUN-STROKE—DEATH.

The case mentioned in the Reporter of January 26th, (p. 449,) one of excessive diuresis, following sun-stroke, and evidently connected with disease of the brain, and in which slight amelioration at first followed the administration of ignatia amara, has since proved fatal. A few days after the last report, he was suddenly seized with exactly the opposite condition—an almost entire suppression of the urine. Diuretics were administered, he was cupped over the region of the kidneys, and this was followed by the discharge of about a pint daily of high-colored urine.

From that time on he commenced to sink, grew weaker and weaker, uncontrollable irritation of the stomach set in with vomiting, and obstinate constipation. In this way he continued till January 26th, when he became stupid, presented an appearance of extreme collapse, much like that of cholera, and died. Unfortunately, a post-mortem examination could not be obtained.

The symptoms presented, however, Dr. Da Costa remarked, even without an autopsy, show conclusively that the view taken of the case was correct, as regards the brain being involved, and the unfavorable prognosis. The uncontrollable vomiting, obstinate constipation, sudden suspension of the urinary secretion, feebleness and final stupor, all point to serious lesion in the nervous centres.

PLEURISY AFTER DEBAUCH—STIMULATING TREATMENT—DISAPPEARANCE OF PHYSICAL SIGNS—RECOVERY.

In presenting again the patient who had been suffering from pleurisy, (see Reporter, January 26th, p. 448,) but was now nearly well, Dr. Da Costa took occasion to speak of the stimulating treatment that had been employed in the case. In consequence of a previously debilitated constitution, although there existed an acute pleurisy, free stimulation was early resorted to, the patient taking about six ounces of milk punch and four ounces of brandy a day. With the exception of acetate of potash, and a blister over the chest, this constituted the whole treatment.

Under this treatment the patient recovered, and is now nearly well, having scarcely any fever and the pulse being nearly natural.

Percussion now shows that the dullness has disappeared, the friction sound is also gone, and the respiration is normal, with the exception of a slightly roughened sound on one side.

The patient has been taking tonics, such as quinine, for some days, and this will be continued until complete recovery.

CASES OF EPILEPSY—USE OF OXIDE OF ZINC, FOLLOWED BY RELIEF.

Dr. Da Costa introduced two patients affected with epilepsy. The first was a lad about fifteen years of age. He had been subject to epilepsy since he was a child, having daily attacks, and oftener. Sometime ago he was placed on the use of oxide of zinc. The attacks have since become much less frequent, occurring only about every three days, and there have been intermissions of ten days. This is certainly a decided amelioration, and warrants a continuance of the remedy. It was at first given in two grain doses, afterward increased to three grains, and will now be ordered in four grain doses, daily.

The second case was that of a young girl, fourteen years of age, who commenced to have epileptic attacks when two years of age, and until lately had them every day. Recently she was also put under treatment with the oxide of zinc, and the attacks have become much less frequent, she having been free from them for a week.

Dr. Da Costa remarked that these cases were very unpromising, as the disease had commenced in early childhood or infancy; yet we may expect something from the treatment. It may be a question of interest whether, in a case of this kind, the patient can ever be cured. A perfect cure cannot be expected from any remedy. Yet there are cases where the epilep-

tic convulsions, having commenced in infancy, ceased at the age of puberty. Dr. Da Costa mentioned the case of a woman, who came under his notice, in whom the epileptic convulsions commenced in childhood, continued until she became married—then ceased, and did not recur until the age of forty-five, at the cessation of the menstrual period.

An interesting point in the history of epileptic patients is, that they almost always had convulsions (fits) when babies, during dentition, and at other slight exciting causes. Dr. Da Costa looks upon these cases of epilepsy as bearing a close clinical relation to infantile convulsions.

CASE OF ANEURISM—RECURRING PNEUMONIA, WITH REMARKS.

The patient is a man, fifty-four years of age, born in Delaware, and up to the last year has always enjoyed good health.

A year ago he entered the hospital, suffering under well-marked double pneumonia. He recovered slowly; at about the sixth week after his admission he noticed a tumor on the neck, but paid no further attention to it, as it gave him no pain.

He was discharged, but returned in a few weeks with pneumonia of the right lung, from which he recovered, and was discharged in five weeks.

A short time after his second discharge he entered the hospital again, with a pneumonia on the left side. From this he recovered as before. Thus the patient had three successive attacks of pneumonia. Meanwhile this tumor has grown somewhat, but with the exception of slight dyspnœa on exertion, causes no suffering. There is no disturbance of his digestion.

The tumor is located above the right clavicle, extends toward the median line to the notch of the sternum and upward, being about the size of a goose's egg. It pulsates, the pulsation being seen on simple inspection. The clavicle on the right side is more prominent than on the left. There is percussion-dullness on the top of the sternum.

On auscultation the respiration is found vesicular on both sides, but slightly roughened on the right, anteriorly as well as posteriorly.

On examining the heart the percussion-dullness is found to be slightly increased. The impulse is distinct and rather forcible. The first sound of the heart is somewhat dull, the second well marked. As the ear approaches the aortic valves and ascends toward the clavicle a blowing sound becomes perceptible.

On placing the ear over the tumor no thrill is found; but there is one distinct blowing sound, the same in pitch as that perceived over the aortic valves.

With these facts, Dr. Da Costa proceeded to speak of the inferences to be drawn from them.

The slight increase of percussion-dullness shows, if anything, a very slight hypertrophy of the heart.

The blowing sound might be owing to disease of the aortic valves; but in that case it ought to become less, and cease as we move the ear up toward the clavicle, and to the right; the opposite is true in this instance, which, taken in connection with the absence of all other signs of aortic disease, justifies the inference that the sound is transmitted from the tumor.

The absence of *thrill* might be urged against the idea of the tumor being an aneurism. But experience has shown that the very common idea prevalent, that thrill always accompanies aneurism, is incorrect. It is frequently absent.

There can be no doubt as to the tumor being an aneurism. A point of more difficulty, however, is to determine the precise locality of the aneurism.

There has been no stridor, wheezing, difficulty of swallowing, pain, or that degree of dyspnœa found in cases of aneurism of the arch of the aorta. The aorta and its arch must then be excluded. We have left the primitive carotid, innominata, and subclavian. The position of the tumor exclude the latter. The diagnosis hence lies between the innominata and the primitive carotid; but it is impossible to decide positively which.

The patient having had so many attacks of pneumonia, it would be an interesting question, could it be answered, whether there is any clinical relation between these and the aneurism. It is certainly a strange coincidence.

The *treatment* in this case will be to keep the whole arterial system quiet. From large doses of acetate of lead, as recommended by high authorities, Dr. Da Costa has seen no benefit. Rest and avoidance of exertion of the body and mind is important. No specific medication would do the patient much good. Arterial sedatives, however, such as veratrum viride and aconite may be used with benefit. The patient will be ordered:

℞. Tinct. verat. vir., gtt. iv.
Tinct. aconit., gtt. ;

to be taken three times a day.

The termination of aneurisms of this class are:

1. Diminution and obliteration of the sac. This we cannot expect. Morbid anatomy has taught us that the cases where the sac obliterates are exceptional.

2. The sac may burst, and the patient die from hemorrhage; it may burst internally into the bronchi, œsophagus, etc., or externally by causing suppuration.

3. The patient may die gradually by exhaustion.

In the present case, as the tumor gives no pain, causes little disturbance, and does not

grow much, life may be prolonged for a long time. But a patient with aneurism of this kind lives with a drawn sword hanging over him.

CHRONIC GASTRITIS.

F. P., 48 years of age, has suffered from chronic gastritis for three years. He complains of a sensation of weight, and there is pain, on pressure, in the epigastrium, with loss of appetite. In distinguishing between chronic gastritis and ordinary indigestion, we must bear in mind that the first is generally of long standing, and more apt to occur in persons in the habit of drinking. Dr. Da Costa has often observed it to occur in persons in whom there is a general catarrhal tendency, so that it is frequently combined with bronchial difficulty. Another point of distinction is the absence of pain, on pressure, in simple indigestion.

As regards treatment, the happiest effects are seen in this affection from subnitrate of bismuth, in doses of eight to ten grains three time a day.

CEPHALALGIA FROM CONGESTION — HABIT OF BEING BLED.

Andrew S., 38 years of age, has been sick about two months—first with rheumatism in the lower extremities; this has left him. Two weeks ago he had a violent pericarditis, but, beyond a strong impulse, it has left no signs. He now complains of a constant headache. The pulse is full and somewhat tense, 84 per minute. He has occasional flashes before his eyes; the head is hot; he looks like a strong and vigorous man; his digestion is good; there is no gastric disturbance.

The nature of this headache is undoubtedly active congestion, owing to plethora. The patient has been in the habit, for nearly ten years, of being bled twice a year, but has omitted the practice at the last period. Formerly, this practice of habitual bleeding was very common. Frederick the Great ordered an annual bloodletting of his whole army. There is still a belief, among many old persons, that if not bled every year they are apt to suffer from some congestion of the internal organs. When once formed, this habit is very difficult of breaking.

In this case there is scarcely any doubt that bleeding would relieve the headache; yet it would be injudicious to resort to it, and thus confirm the habit without first having tried other means. The patient will be ordered to take two drops of the tincture of the root of aconite, with eight drops of the wine of the root of colchicum three times daily, and to be purged every other day with bitartrate of potassa; also, using warm baths, especially foot-baths.

If these means should fail, bleeding from the arm, to the extent of six or eight ounces, will have to be resorted to.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

IDIOPATHIC ERYSIPELAS OF THE FACE.

Although frequently met with, idiopathic erysipelas seldom proves fatal; perhaps once in two hundred or three hundred cases, and then only when it attacks a broken-down constitution.

It gradually occurs in the strong and hearty, from some disorder of the stomach.

The patient is a man accustomed to drink eight to ten glasses of spirits a day, and presents the bluish redness about the nose and cheeks characteristic of that habit.

The cutaneous affection is of two weeks standing, but it is only some six or seven days since it assumed the form of erysipelas.

In acute erysipelas, with vesication, the skin does not dry up until five or six days have elapsed.

The man has no pain in the top of the head, has had no sickness of stomach, and his bowels have been regular. The tongue is disposed to become dry, a result produced by the febrile movement which accompanies the erysipelas. Intemperate men are more readily broken down by the disease than others, though it also occurs in men of the most temperate habits.

The treatment has consisted in the internal administration of the muriated tincture of iron, ten drops three times a day, with the external application of mucilage to the face.

As soon as the tonic impression is made on the patient, the tr. ferri chloridi will be discontinued, and vegetable tonics substituted. As a general rule the vegetable tonics are much more potent; the effects of iron have frequently been exaggerated, although there can be no doubt of the beneficial effects derived from ferruginous preparations. The iron will be continued, however, because the tongue still remains dry, and there is but little tendency to derangement of the stomach; at the same time a teaspoonful of the fluid extract of cinchona will be given four times a day.

CASES OF HEART DISEASE—DISEASE OF THE HEART, WITH SUB-ACUTE RHEUMATISM.

The patient, a young man, has been suffering from rheumatism for three or four months.

About Christmas he seems to have had an attack of acute rheumatism, which has changed now to the sub-acute form.

He had no knowledge of palpitation of the

heart until his attention was called to its existence; but, as invariably occurs in rheumatism, the heart was more or less affected.

Placing the hand upon the chest a protuberance is distinctly felt at the region of the heart, which, however, may exist independently of any development of organic disease; it furnishes, however, a good reason for further investigation.

Percussion exhibits an unnatural degree of dullness, being greater in extent and degree than it should be. There is an alteration of the sounds of the heart, particularly in the position of the mitral valve; it consists of a bellows murmur during the active systole, as well as during the diastole, and is hence double; this indicates insufficiency of the valve.

The sounds at the semilunar valves, as usual, are not so well marked as at the mitral valve.

In every case of disease of the heart, it is the left side that gives the indications; for the right is almost always unaffected, except secondarily.

The TREATMENT has been 8 grs. pulv. Doveri at night, and 5 grs. potass. iodid. 3 times a day, with the application of small blisters along the legs as counter-irritants.

CARDIAC HYPERTROPHY WITH FATTY DEGENERATION AND VALVULAR DISEASE.

This is in a woman, admitted into the house two days previously.

She has had palpitations of the heart for five years, but not continuously, as they occasionally leave her for a few months at a time, and then return as before.

She cannot ascend a flight of stairs without suffering, and reproducing the palpitation.

For the last ten days she has had violent palpitations, constant for the first four days, but they have somewhat moderated; and she complains of oppression in her chest.

On examination of her chest no alteration in conformation is found. The sounds are a little less in degree and extent than they should be, but not perfectly flat. There is a strong throbbing movement at the apex of the heart, and it strikes the chest less distinctly than in the healthy state. There is some movement of the body of the organ; this exists when there is any degree of hypertrophy causing a change in the stroke of the apex, which is characteristic, being more of a rolling than of the short, quick tap of health.

There is a strong bellows murmur coincident with the systole of the heart at the mitral valve, but not confined to it—a similar sound, but more of a rough, rasping character being heard above at the semi-lunar valve. The mitral valve gives more of the real bellows murmur, showing a slight amount of dilatation of the valve; while at the semi-lunar valve there has been a deposit of exuded material, which, forming a prominence, produces the rough, rasping sound. At the mitral valve the bellows sound is single; at the semi-lunar valve the sound is double.

There is an increased impulse, and, also, a greater dullness than usual, dependant not entirely on simple hypertrophy, but, in part, upon fatty degeneration of the heart, which condition is recognized because there is not so strong an impulse against the ear as in simple hypertrophy; when the patient's strength is diminished, and the heart sympathizing beats more freely, there is, of course, a diminished impulse; otherwise there is a strong impulse. In fatty degeneration, the impulse is less strong than it would be from increased development of the muscular structure.

The patient is to be kept perfectly quiet. She is taking a drachm of the fluid extract of valerian three times a day, to allay the nervous disturbance and to relieve the organic affection. The valerian is to be continued, and she is to be kept on the use of laxatives and have counter-irritation applied over the heart.

Sometimes more benefit results from external applications to the spine than over the heart.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

HERNIA—NON-DESCENT OF RIGHT TESTICLE.

The patient is a young man, presenting the kind of hernia very often seen in children. In the fœtus the testicle is formed just below the kidney; about the fifth month of fœtal life it begins to be dragged down to the scrotum, in consequence of the gubernaculum testis having its main attachment at the root of the scrotum connected with the internal oblique muscle, and the one point being other to the pubic bone. If the gubernaculum should not be formed, then there is nothing to pull the testicle down.

The testicle, in the present case, is drawn down properly on the left side, and is large and well formed. On the right side there is not even a scrotal pouch; but if the testicle had come down, a scrotal pouch would have been formed by dilatation of the present sac. There is no process of peritoneum; no tunica vaginalis to the right testis, as it is in the abdomen, because these structures are brought down with the gubernaculum in advance of the testicle.

When the roots of the gubernaculum attached to the internal oblique muscle and to the pubic bone exist, the testicle is sometimes brought down to the external ring, but no further, if the gubernaclum is deficient in its connection with the bottom of the scrotum. There is no dilitation at the external ring, but there is a space

left there behind which lies the testicle. The patient has also a hernia on that side.

When the testicle is completely down, and there is a tendency to a hernia behind it, no truss must be applied; but when the testicle has descended part of the way, and there is a bowel behind it, it is sometimes advantageous to apply a truss with a weak spring, pressing above the testicle, which may force it down.

In this case it can descend only by the formation of an oblique inguinal hernia, which dilates the passage and pushes the testicle before it. If the testicle gets strangulated by pressure in the rings it becomes very painful, and severe inflammation may result.

Even in the female the ovary sometimes gets between both rings and lodged in the sac, and in operating for an inguinal hernia, it is found as tender as an inflamed testicle.

There is nothing to be done for the man in the way of an operation. If there is great pain in the part he might wear an elastic belt about the abdomen to take the pressure of the abdominal muscles off the tumor. If there is local pain the part may be rubbed with camphor and sweet-oil.

WILLS HOSPITAL.

Service of Dr. Morton.

Reported by H. Earnest Goodman, M. D.—Resident Physician.

CATARACT.

James C., with capsulo-lenticular cataract, who was operated on by Dr. Morton for the second time, Jan. 16th, (see Reporter for February 2d, p. 479,) has since been discharged cured.

Feb. 4th. The day of his discharge from this hospital the lens had all disappeared; the pupil was well dilated, regular, and quite clear. He could see with cataract-glasses to read nonpariel lower case—the smallest type on the card.

CAPSULO-LENTICULAR CATARACT.

John B., with capsulo-lenticular cataract, whose history and a description of the primary operation for absorption, (which was given at some length in a previous number of the Reporter, Jan. 19th, p. 430,) was operated on again Jan. 30th for the extraction of that dense anterior capsule of lens, described as a tough curtain spread over its entire surface.

After the pupil was well dilated with atropia sulphat. the canula forceps was introduced in the left eye about two lines from the outer edge of cornea, through the sclerotica, just above the equator of the eyeball, and the points carried forward to the back of capsule; they were then allowed to separate and an attempt made to embrace the capsule, but unsuccessfully, the capsule sliding away from the forceps. After several attempts, Dr. Morton contented himself with breaking up the cataract, as in the ordinary operation of sclerotonyxis. The instrument was then withdrawn, and the eye allowed to close, and our common shade (a muslin bandage) placed over the eye.

Patient did not move during the afternoon and evening, and said that he had no pain or sick stomach. At my evening visit I found him half sitting up in bed, with his head upon a pillow or a window at the head of his bed, through which quite a current of cold air was passing.

I told him the danger of catching cold by sitting up, and at once fixed him in bed in the proper position.

Dr. Morton ordered a Dover's powder at bed time if he was restless, but, as he was comfortable and sleepy, it was not given to him.

Jan. 31st. Had intense pain to come on about three o'clock this morning, in and over the orbit, with some fever; pulse full and strong. Eye red and somewhat enlarged; iris discolored, but the pupil regular and well dilated. Was ordered twenty-five leeches to temple; Dover's powder, and a brisk calomel purge, followed by an injection in the evening to hasten its operation, and a large blister to back of neck. Ten P. M. feels quite easy.

Feb. 1st. I was called up at about one o'clock last night and found him suffering intense pain, and vomiting. Gave him morphiæ acetas in camphor water and an anodyne injection.

Dr. M. ordered cal. opium and ipecac in small doses every hour for three hours, and then every two hours during the rest of the day until 10 P.M., when another anodyne injection was given.

Feb. 2d. Eye not painful; iris still discolored, and partly obscured by the discolored aqueous humor around the pupil. Gums not touched; but the powders caused a good deal of griping with purging.

Feb. 3d. Eye not near so painful; some inflammation; as the powders purged ordered more opium with them, and gave them only thrice daily.

Feb. 4th. Eye looks better. Still a little painful. Appetite returning, but bowels still too loose. Dr. M. changed the cal. for blue mass; iii. gr. every three hours, with opium and ipecac.

Feb. 5th. Rested well during the night. Eye is still somewhat painful; conjunctiva congested; pupil dilated, and iris obscure in parts by a deposit around the cataract, which, however, has not increased from the first.

The result of this case will be given in a future number.

POSTERIOR OPERATION OF DIVISION THROUGH THE SCLEROTICA.

Miss C., æt. 68. Eye sight has been dim for several years. Upon her admission, Jan. 5th, there was a cataract fully formed in the right

eye, with one forming in the left, on which there was enough vision, however, to go about the house.

Dr. Morton operated on her right eye Jan. 30th, in the usual manner. No sickness or pain followed the operation, and she was only confined to the bed for a few days.

Treatment.—Belladonna over brow and atropia dropped in the eye daily, with a good, generous diet.

OBSTRUCTION OF THE LACHRYMAL DUCT AND INSERTION OF A GOLD TUBE.

Elizabeth Gardener, æt. 26, has had an obstruction in the left lachrymal duct for five months, the result of dacrocystitis. She has been applying twice a week, on clinic days, since the first of October, 1860, and each time having an Anel's probe passed into the nasal duct. At first (Oct. 10th, 1860,) the duct would only admit a No. 2. Anel's probe, but the size was gradually increased until January 25th, when it was sufficiently dilated to admit the largest size probe (No. xii.) without much difficulty, but the tears still continued to flow over the cheek. A good deal of pain and irritation always followed the introduction of the probes.

Feb. 1st. Dr. Morton first slit up the puncta and canalicule as far as the origin of the duct. A gold tube, delicately made, with a curved arm, was then passed down the duct into the nose, and the curved arm of the tube rested in the split canalicule. Little or no pain was produced by the introduction of the instrument.

Feb. 2d. The tears have passed down into the nose since the tube was inserted. No inflammation or trouble of any kind has followed the operation.

Feb. 4th. The tears have not flowed over the cheek, even when out in the wind, since the tube was inserted. Patient does not feel it, and expresses great satisfaction that Anel's probes do not have to be passed in the duct as before.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

PLASTIC OPERATION FOR THE FORMATION OF A NEW NOSE.

Plastic operations rank among higher surgery. They do not mutilate the body and remove parts, but they restore what has been lost either by the act of nature or the result of disease and accident. These operations can be applied to the formation of new ears, noses, upper and lower eyelids, upper and lower lips, for the purpose of closing orifices in the cheeks, etc.; for closing orifices after surgical operations, as tracheotomy; closing resico-vaginal and recto-vaginal fistulæ, etc.

Rhinoplasty is a very old operation, even described by Galen, and has been practiced for a long period among the East Indians.

There are three ways in which to make a new nose. The oldest and best is where the flap is taken from the forehead, leaving the pedicle at the root of the nose, which is twisted in transplanting the flap.

The second is the Tagliacotian method, in which a long flap or strips of skin is raised from the fleshy part of the arm, and allowed to remain, with some foreign matter underneath it to prevent re-union, until it inflames and becomes vascular, and then attaching the flap to the mutilated part, still preserving its vitality by the connecting pedicle with the arm, the arm being kept in position by bandages, until a vascular communication has become established between the flap and the face, when the arm is released by dividing its connection with the flap.

The third, or French method, is by taking the flaps from the side of the face and twisting them around. This answers better in cases where there is one ala or nostril to be formed.

Curious ideas of these operations and their effects have been entertained by the public; and we read in Butler's Hudibras:

> "So learned Taliaco tus from
> The brawny part of porter's bum
> Cut supplemental noses, which
> Wou'd last as long as parent breech;
> But when the day of Nock was out,
> Off drop'd the sympathetic snout."

In performing these operations care must be taken to have sufficient vascularity in the skin. Tagliacotius used to tap the skin smartly before raising the flap, and then he detached the part and allowed it to thicken, inflame, and become vascular, without which it would not have united when transferred to the face.

If the flap is not sufficiently vascular, the operation may fail, as it sometimes does even when there is apparently sufficient vascularity.

In taking the flap from the forehead, it is well first to mark out the part to be raised, which will be a sort of triangular flap, somewhat heart shaped, with a pedicle $\frac{3}{8}$ of an inch long at the root of the nose. It can be marked with ink, caustic, or the scalpel, and should be from a model of leather, or other material applied to the face so as to make the nose of a shape to harmonize with the rest of the face. Calculation must be made for the flap to shrink at least one-third, and therefore the nose must be made to look big and bulky at first; the angular artery of the face should be left in the pedicle to vivify it.

The flap may then be dissected off from the periosteum, and twisting it on its pedicle, be

secured by suture to the pared edges of the defective part.

In the present case the nose was lost from scrofula, (by courtesy.)

The nasal bones being involved in the disease, the bridge of the nose was gone, and therefore the pedicle had to be cut rather longer than would have otherwise been necessary.

The flap from the scalp is the only one which makes a tolerable bridge to the nose formed by the two edges on both sides uniting together.

The operation was performed, as described, the parts being left to unite by cicatrization.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Reported by Wm. B. Atkinson, M. D., Recording Secretary.

Wednesday Evening, Jan. 9th.

Dr. Remington, President, in the Chair.

Subject for Discussion—Puerperal Insanity.

(*Continued from page* 487.)

Dr. Worthington replied that his practice was not to give opiates to a great extent, say one-twelfth of a grain of sulphate of morphia every two hours, or the one-fourth of a grain three times a day, etc.; he also employed other narcotics, as hyoscyamus, camphor, and ether and chloroform given internally.

Dr. Hartshorne asked if he used digitalis.

Dr. W. replied, very rarely.

Dr. Remington inquired as to the use of counter-irritants.

Dr. W. replied that he seldom employed them.

Dr. Levick remarked that more was gained by the use of opiates *by the rectum or the skin* than in any other way, especially by the rectum.

Dr. Corse remarked: The paper we have just heard read is peculiarly interesting, as it comes to us with authority, in consequence of the opportunity of extended observation of the writer. He had been struck with the observation that it is universally agreed there is no lesion peculiar to this malady. This is the conclusion we should arrive at *a priori*, and now takes the character of an established fact from the carefully-collected records of observations.

Hereditary tendency to insanity is, no doubt, excited by the pregnant state, for the system is often then profoundly affected in all its parts. The brain is especially the seat of disturbance in pregnant women, principally by sympathy directly with the uterus, and secondarily through some other organ, more or less disturbed by sympathy with it.

It is well known there is often increased amount of blood and increased action of the vascular system; but the occurrence of these is not always attended with cerebral symptoms, and, if so, they are not those of insanity.

Where brain symptoms have presented themselves in consequence of pregnancy, he thought a large majority of the cases have been from anæmia. We cannot be surprised at this when we remember how very prone the stomach is to become preternaturally irritable at this period; and, as vomiting usually results, the patient is thus deprived of the supply of the material for producing the increased amount of blood now necessary.

Deficient supply of blood to the brain is universally acknowledged to cause many of the cerebral symptoms which simulate those occasioned by organic lesions.

The blood may be altered in quality, by pregnancy, from some organ being temporarily thrown into disorder—for example, the liver; and one case of this kind he attended which obstinately resisted all other remedies, until he prescribed calomel and Dover's powder. A copious discharge of bile followed these medicines, and entire relief. During the continuance of the portal disturbance, cephalic symptoms were prominent and distressing, the patient often having delirium, incoherent talk, perverted sensations, and extreme despondency.

Other cases have been presented where the kidneys were affected, and the secretion of urine greatly diminished, so that the blood became from this cause of so disordered a state as to produce cerebral symptoms; cups to the back gave relief.

The general nervous system, in many cases, becomes greatly disordered and thrown into that state commonly known as hysterical. Here either mania, spasm, and convulsions may supervene and have a temporary duration, or they may all occur in the same individual successively. Co-incident with these, the most distressing symptom is very obstinate wakefulness. For all these symptoms he had found great advantage from the free use of opium; the medicine is well borne, and larger doses than usual are necessary; now and then the irritability of the stomach is such that all things are quickly ejected. In such cases its administration by enema has been followed by satisfactory results.

Dr. Worthington said he did not consider that sleep procured by large doses of opium in insanity was incurative; hence he did not give the remedy for its sleep-compelling powers only, but in moderate doses to tranquilize the system, while he used other means to remove the disease. He did not expect, when an insane patient awoke from sleep, that his condition would

really be changed for the better, so far as the diseased state of the organs was concerned.

Dr. Turnbull, in a practice of sixteen years, had seen four well-marked cases of puerperal insanity, or mania, as it is sometimes called.

The first case, Mrs. M., aged 32, was delivered, Nov. 9, 1859, of her third child, a large male, but, owing to a careless nurse, she was exposed to cold, which ultimately terminated in mammary abscess. A solution of extract of belladonna, etc., having been applied to the breast without benefit, ultimately poultices had to be used and free incisions made.

On the 16th day, her pulse became rapid; she had no sleep; the face flushed; there was pain in the forehead; she manifested great aversion to her nurse, mother, and husband, with wild glances around the room. She said they were going to kill her, etc. Even when her baby was brought to her she took no interest in it. Fearing phrenitis, she was leeched, cold ice-cloths applied to her head, with mustard foot-bath, and purgatives and anodynes by the mouth. Pulv. opii camphor, and hydr. proto-chlorid, were administered without benefit. This state of things continued for almost a week, when it was proposed to her friends to send her to the hospital. Before this was done, Prof. C. D. Meigs was consulted, who recommended the use of Battley's sedative solution of opium, forty drops in thick starch water, as an enema at night. The first night that the anodyne was employed by the rectum, she became comparatively quiet, and, by repeating it for several nights, she slept well, took nourishment, and gradually improved, so as to be discharged cured.

Dec. 10. Two other cases were treated in the same manner, and a third one by a friend, all terminating in health. The following case terminated fatally:—

Mrs. John T., aged thirty-eight years. When in her ninth month of utero-gestation, her husband died, (January, 1860,) leaving her poor, after having, while he lived by his labor as a clerk, supported her comfortably. Her mind was naturally weak and dependent. She was sure she would die. Dr. T. endeavored to reason with her that all was right; but hints by designing persons that the child which was to be born was not her husband's, distressed her much. By the 22d January, she had irregular pains, which were relieved by anodyne enemata; but she was not confined until February 8th. With the exception of the labor being tedious, there was nothing abnormal. Her lochia were natural; lactation the same.

Dr. Turnbull suffering from indisposition, Dr. Atkinson took charge of her for a short time. She again became indisposed, and he found her (March 9,) quite out of her mind, and she would not remain in her house. The sedative treatment, with counter-irritation by blisters to the nape of the neck, was employed, and her friends advised her removal to a friend's house, where she had more agreeable society. She recovered in April, and went home, nursed her baby, which she had entirely given up, took food which before she would hardly touch, because she said it contained poison. During her illness, she constantly heard persons calling her, and had other hallucinations. The symptoms all disappeared, so that her friends were congratulating themselves that she had entirely recovered. In May, however, all her symptoms returned with greater violence, and she became a complete maniac, at times furious, so that three persons could with difficulty restrain her. She slept none, ate nothing, and was nourished entirely by injections of soup, etc. She would have injured her child if trusted with it. Under these circumstances, she was sent to the Pennsylvania Insane Hospital, (May, the 25th,) where she remained without the slightest improvement until October, when she died. There was no post-mortem examination. Dr. Turnbull carefully examined the body when sent to the city. There was great emaciation, loss of one eye, having had ulceration of the cornea before going into the hospital, and, from all appearances, she had died from marasmus or phthisis. While in the hospital, she had profuse expectoration, but no cough. Her friends who visited her found the odor of her breath almost insupportable; she had a profuse eczematous eruption, which was first all over the body, but had afterward receded. Her two children have suffered from the same disease.

In the case just related, both the eyes and ears were affected. But the ear is the chief organ of the senses, that is apt to become affected in the insane. Few become blind; but, should the eyes become diseased, it is very difficult to effect a cure, as they resist the proper applications. In chloroform and ether, we have agents by which any resistance may be entirely overcome. While Resident Physician of the Philadelphia Hospital in 1845, Dr. Turnbull had charge of the insane wards, and found that many of those who were actually not deaf were troubled with difficulty of hearing, tinnitus aurium; but optical hallucinations, were rare, compared with those of hearing. It is a well-known fact that, even in the soundest state of our faculties, we are more liable to be deceived by the ear than through the medium of the other senses. A partial obstruction by cerumen or catarrhal inflammation of the Eustachian tube will cause the patient, so affected, to hear the bubbling of water, the blowing of steam, ringing of bells, or sounds of various musical instruments.

In concluding his remarks, Dr. Turnbull alluded to another cause of insanity: the cessation of the menstrual discharge, or, in popular language, the change of life. He has known this to produce a form of puerperal mania very difficult to cure. A patient recently under his charge had had three attacks; the first was successfully treated at the Pennsylvania Hos-

pital; during the others she was under his care. The chief indications are fulfilled by keeping the patient amused or interested by change of scene, attending carefully to the digestive apparatus by tonics, controlling the pulse and nervous symptoms by the administration of the tincture of veratrum viride in ten-drop doses three times through the day, and the administration of morphine to insure sleep. If the opium should constipate the bowels, magnes. sulphas will relieve this without debilitating the patient. He also employed freely, deep cupping along the spine, especially over the lumbar region, frequently repeated with the happiest effect in relieving the pain and the feeling or desire for something hard to be placed against that region. After cupping, the liniment. saponis, with ol. Croton. (ʒj to fʒj,) is also a useful mode of counter-irritation, and can be kept up until the patient is entirely convalescent.

Dr. Henry Hartshorne suggested that the analogy which some cases, at least of puerperal mania, present to mania a potu, furnishes a reason why sleep might be expected to be in such cases, to some extent, curative. In delirium tremens, he believed that a long and sound sleep was curative in a large majority of instances, whether the sleep were spontaneous or was obtained under the influence of narcotics. The manner of using hypnotic medicines, which he preferred in obstinate insomnia, was the repeated administration of moderate doses at short intervals; a quarter of a grain of sulphate of morphia or a grain of opium, for example, every two hours, or sometimes even every hour. He had never ventured to go beyond this, or even to persist in such doses for many days at a time.

Dr. Nebinger had the good fortune to have met with only two cases of puerperal mania; one occurred before and the other after delivery. Several years ago, while driving about in pursuit of his professional duties, he was called to, and invited to go into a house near by and see a woman whom the stranger said was "crazy." He visited her, saw she was pregnant, and learned from those about her that she had nearly reached the close of her term. She had been complaining of bad health for several days. Had been distressed with headache, restlessness, and unable to sleep. It was her first pregnancy. For the relief of her headache, without medical advice, she had been freely bled. At the period when Dr. N. saw her she was pale, anemic, full of movement, and talking almost incessantly. There was not any febrile disturbance. He diagnosed puerperal mania. To compose her he gave her sulphate of morphia in one-sixth of a grain doses every two hours. This treatment was continued for two days, during which time the mania became aggravated. At the expiration of the two days he gave her *one quarter of a grain of sulphate of morphia every hour*. To watch the effect, and to the end that she might not take more than was necessary to produce the desired result, he remained with her all night, giving the medicine and observing its action. When she had taken two grains of the sulphate of morphia, she became drowsy. The medicine was then discontinued, sleep soon followed the drowsiness, and when he left in the morning, she was wrapt in slumber. From that morning her recovery commenced, and progressed until she became perfectly sane. In the lapse of a few days her labor came on, and she gave birth to a living, healthy child. The cause of Dr. N. remaining all night and administering the morphia, was that she was surrounded with unintelligent persons, and he feared to trust the administration of the opiate in large doses, at short intervals, to them, lest they might give more than was necessary; and thus, if they did not damage the woman, they might destroy the fœtus.

The other case referred to was that of a German woman. She had been delivered by a midwife. About seven or eight days after her accouchement he was sent for. She was then suffering from remittent fever. The locality where she resided was a newly laid out part of the city, low, and imperfectly drained. She recovered from her attack of remittent fever. About two weeks after she had been about her room, before, however, her vigor had been restored, she was seized with fearful forebodings; would cry without any apparent cause; became melancholy, taciturn, and could not sleep. These conditions having developed themselves, Dr. N. was invited to see her again. He found her pale, feeble, without appetite, suffering much mental disturbance, and in general bad health. Regarding her mania as the result of the unhealthy condition of her physical system and the abnormal manner in which most of the functions of her economy were carried on, he did not give her special treatment for her mania, but directed his efforts mainly to the restoration of her general health. Two months and more were consumed in this work before her health became much improved; as, however, her appetite increased and her digestion became better and the red corpuscles multiplied, her mental malady was relieved and shortly after she became physically well; her mind ceased to be unsound. The treatment in her case was the use of such medicines as were calculated to restore the digestive apparatus to health; to normalize the secretions, increase the red corpuscles in amount, passive exercise in the open air, and her removal from her home to her brother's, where the hygienic conditions were much better than at her own home. Thus, then, from these two cases, it would appear that there cannot be any plan or system of treatment for puerperal mania, which is adapted to every case, but that each case requires a treatment peculiar to itself, and that the condition of the patient will be suggestive of the treatment required. Symptoms and conditions, not names, must point us to the remedies.

Dr. Turnbull had employed the lactucarium and other narcotics freely in one case by the mouth with but little effect, and was surprised at their rapid influence when given *per rectum*, owing, no doubt, to bountiful supply of nerves developed during gestation, as shown by the beautiful dissections by Dr. Lee, which the speaker has seen in St. George's Hospital, London.

Dr. Worthington said that he saw every day cases of ordinary insanity in which the patients slept regularly without narcotics, and the disease, notwithstanding, persisted for months. So far as these cases were concerned sleep was not curative.

In reply to Dr. Hartshorne and his supposed analogy between delirium tremens and acute delirium, he would say, that we all know the former to be one of the most curable diseases, in fact some physicians say it requires no treatment and will recover itself with proper care, while it is equally true that acute delirium, to which he referred in the paper he had read, is one of the most dangerous diseases to which the human frame is subject. Dr. Marcé says it is maniacal excitement carried to its utmost limits. If this were true we might make the attempt to quell it by narcotics, but he did not think the opinion was generally received by pathologists. Calmeil shows, by his recent researches, that it is an inflammatory condition of the cortical substance, and with this view of its pathology we would not expect opium to execute a curative influence.

Adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

DIPHTHERIA—PREVALENCE AND ETIOLOGY.

In regard to the prevalence of diphtheria, beside the parts of the country which we have mentioned from time to time, the disease appears to have occurred to a considerable extent in California. Thus, Dr. Logan, the indefatigable sanitarian and statistician of Sacramento City, writes in the remarks accompanying his annual mortuary report:

"It will be observed that, although below the average of the deaths by the same diseases as occurred the last year, during the preceding ten years, this class (zymotic diseases) furnishes a larger portion of the mortality than any other of the classes, especially among children. This is to be attributed to the unusual number of fatal cases of scarlatina and diphtheria during the year. The latter affection commenced its ravages during a period of dense, saturating fogs in December, 1859, and abating in the following summer months, reassumed its epidemic malignancy during the damp, stagnant condition of the atmosphere and unusually early foggy weather which obtained in November last. In observing that the mortality from this form of disease decreased during the dry weather of last summer, have we not some reason to hope that, although like other miasmatic and epidemic disorders, it has an origin that is obscure in its development, it may, nevertheless, disappear on the approach of the dry season, or at least will not be much more destructive than sporadic diseases?"

Of 41 deaths from diphtheria at Sacramento, 27 occurred in males, 14 in females; 6 were under one year; 33 under ten; 2 from ten to twenty. Of 48 cases of scarlatina during the same period, there were 24 males, and 24 females, with 1 under one year; 42 from one to ten years; 4 from ten to twenty; 1 from twenty to thirty.

Treatment.—Dr. Limousin, a French physician to the Hospital of Bergerac, having closely observed a recent epidemic of diphtheria, expresses his opinion against the practice of active cauterization. He says: "For some time I had seen daily a considerable number of children and adults, who presented a uniform redness of the tonsils, and variously sized white or grayish patches. The mildness of the general symptoms rendering any active interference unnecessary, I merely prescribed in general a demulcent gargle, which was sufficient to effect a cure. Reports were, however, rife of persons having died in the neighborhood from malignant sore-throat, and I found that active cauterization was frequently resorted to with results not invariably satisfactory. . . . . It is obvious that brushing the pharynx of a person in health with a corrosive acid would be calculated to induce very serious illness; when pseudo-membraneous deposits exist in the fauces, this imprudent practice may cause the disease to spread to parts which would otherwise have positively escaped contagion."

Among those upon whom we can best rely, the opinion appears to obtain ground that nothing can be gained from active cauterization in diphtheria, and that ordinarily simple astringent gargles are all that is necessary by way of local treatment.

As regards general treatment, with few exceptions, a sustaining, tonic, and, if necessary, stimulating course is recommended by authors; quinia, iron, chlorate of potassa, appear to be the favorite remedies.

FATAL CASE OF DIPHTHERIA.

At a meeting of the Wayne County (Ohio) Medical Association, as reported in the Cincinnati *Lancet and Observer*, Dr. Butler read the notes of a fatal case of dipththeria in a boy, aged four years. It was a case of relapse. There was but little swelling about the throat,

internal and external, and exudation not extensive. There was drowsiness, a slow pulse, fifty beats per minute, bloody lymph dried upon the teeth. No urine had been voided for thirty-six hours, and the catheter inserted showed none in the bladder. On visiting him the next morning Dr. Butler found that he had rested well; was still disposed to sleep, but easily roused; no radial pulse; heart beat irregularly; perfectly rational; breathed easy; still no urine; muscular strength good; could not or would not swallow; had a convulsion soon after, and died at 1 o'clock, P. M. Dr. B. adds: "Death resulted from failure of circulation and secretion—as evidenced by the arrest of the functions of the kidneys and heart—caused by the effect of the morbific poison of the disease upon the nerves of organic life." It was suggested that uræmia might have been the cause of death.

ON A FORM OF DELIRIUM, CONSEQUENT UPON OVER-EXCITATION, BELONGING TO A VARIETY OF EPILEPSY HITHERTO NOT DESCRIBED.

Under the above heading Dr. Morel, the eminent Physician-in-chief of the Asylum of Saint-Yon, has communicated a very interesting series of papers in the *Gaz. Hebd.* We give his conclusions:

Epilepsy is a neurosis, which, by the repetition of its attacks, causes, in the majority of individuals which it attacks, special disturbances of sensibility, as well as of the intellectual and emotional faculties.

The *tout ensemble* of these various lesions constitutes a form of insanity, the general characters of which serve to establish the difference which exists between it and other varieties of mental alienation.

Epilepsy shows itself most generally in its ultimate symptomatic manifestation by convulsive attacks, falls, dizziness, etc.

It may exist in a *marked form*, and produce in the patients the same disturbances of sensibility and of the faculties of the intellect and emotion, as if the epilepsy were marked by convulsions, falls, dizziness, and loss of consciousness. It forms, then, a variety which I call *masked epilepsy*. (Épilepsie larvée.)

In this case we arrive at a diagnosis of epilepsy by the presence of the principal symptoms which characterize *epileptic insanity*, properly speaking, and which are:

Periodical excitation, followed by prostration and stupor; excessive irascibility, and without motive; the manifestation of aggressive acts, characterized by instantaneousness and an irresistible impulse; exaltation of sensibility; tendency to homicide or suicide; intercurring delirious conceptions, corresponding to the cerebral excitation; an exaggerated idea of the patients regarding their power, wealth, beauty, intelligence; a mixture of erotic tendencies and exaggerated religious sentiments; terrifying hallucinations; a sensation of a luminous atmosphere; visions of terror; nightmares; gradual enfeeblement of the intellect, and especially of the memory; loss of memory regarding things done during the paroxysm of an attack; the delirious manifestations, either as regards ideas or acts, are identical in each periodical return of the morbid phenomena; finally, the violence and duration of the delirium correspond to the duration of the period of intermission.

It is not only in asylums for the insane, but in private practice, that neuropathic patients, presenting this aggregate of symptoms are found. They interest the practitioner in the triple point of view of diagnosis, prognosis, and treatment.

In the asylums for the treatment of the insane, we find two categories of *epileptic insane*.

In one class we find convulsive attacks, falls; in the other, the disease does not reveal itself to observation, except by the above-mentioned characteristics of the temperament of epileptics, but they are not less dangerous.

After a certain number of months, sometimes years, epileptic attacks, proper, may occur, and with the appearance of convulsions, falls, etc., the patients become generally less violent in their acts.

I did not consider these latter phenomena as complications of insanity. They are the ultimate symptomatic manifestation of neurosis of an epileptic form which has existed sometimes for a long time in a masked state, and constituting a variety of insanity, which has received various names in science.

Sometimes authors have designated this form of insanity under the names of *mania, with furor; periodical mania; instantaneous or temporary mania;* sometimes as *moral insanity*, instinctive mania, monomania, suicidal, and homicidal mania, etc. For my part, I make this form of mental aberration, with disturbance of sensibility, the intellect and the emotions, a variety of *epileptic insanity*.

I have taken care to make a distinction between the epilepsy, which I have described, and the epileptic or epileptic form of convulsions, which are the result of alcoholism, or of softening of the brain in progressive paralysis.

Finally, a last conclusion of this work is to give to the legal medicine of insanity a more certain basis, by establishing the relation and fatal dependence of the morbid phenomena of the nervous system, and thus also the possibility of tracing symptoms observed in an individual to their true origin, that is to say, to the disease, of which the symptoms are the unavoidable manifestation.

Feet of Chinese Ladies.—At the recent invasion of Pekin the shoes of the ladies, which were found in the Emperor's palace, were of ordinary size. It is evident that all females of the higher casts do not cramp their feet.

THE MEDICAL AND SURGICAL REPORTER.

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MENTAL HYGIENE AND PUBLIC EDUCATION.

If Diderot, Hollbach, and Grimm, of encyclopedian memory,—the representatives of the Gradgrindian school of philosophy of the last century,—could have perused in anticipation the second column of the outside page of the *Philadelphia Inquirer* of January 31, 1861, their hearts would have leaped for joy at the wonderful progress which science was to make, and to which they had laid the foundation. And if Mr. Abel Sampson, the venerable pedagogue, had beheld that same paper, we are sure that he would have uttered a more than usually emphatic Pro-di-gious.

We call attention to the following questions:

1. What is the condition of the brain during an attack of delirium tremens? Explain the apparent paradox which exists in connection with the cerebral condition?
2. To which of the mental states does fear belong? How does it differ from all the mental states of the same class?
3. Name the muscles which roll the ball of the eye on its antero-postero and verticle axis.
4. Give the name, origin, course, and insertion of all the muscles of the eye, which close it either forcibly or gently.
5. Make a drawing of Jacob's coat of the eye, and describe it.
6. Make a drawing, showing the position of the ciliary ligament, with reference to all other organs of the eye with which it comes in contact.
7. Describe *all* points of difference between the anterior and posterior faces of the crystaline lens.
8. Give the formula expressing the index of refraction from air to glass, and from air to water.
9. Name the various kinds of lenses, and properly classify them.
10. How does the central artery of the retina get into the ball of the eye?

These are tolerably good queries for a medical graduating class, and that they were intended as such was our first impression when they caught our eye; and a friend at our elbow, who just inspected them, without knowing what and whom they were intended for, suggests that they must be for the admission into the army or navy, or questions to determine the successful candidate for a professorship in a medical college. Certainly, the first question involves general pathology not only, but the most intricate, and as yet mooted questions of congestion, chronic inflammation, or molecular changes, in consequence of alcoholism.

But, without further ado, we may tell the reader at once that these questions are intended for the pupils of our public schools, boys and girls, from twelve to sixteen years old, more or less. They are questions put to the Central High School candidates, are entitled "Questions in Mental Philosophy," and, to do honor to whom honor belongs, we must add that they have been prepared by Dr. E. W. Vodges.

Two, three, or four hundred years ago, the monks in conventicles used to have learned disputes about the number of rounds in the ladder which Jacob saw in his dream; to-day our boys and girls must be able to make a drawing of Jacob's coat of the eye, and describe it, or else be "tripped." Can any one in the face of such wonderful progress despair of humanity?

To speak seriously, however, and at the same time forcibly we are obliged to say that there is a great deal of humbug in this matter of public school education. Not that we object to the general system of public schools; on the contrary, that system has our most hearty support, and we know that there is no class of men who are more earnestly engaged in the cause of public education, and its furtherance, than the medical profession in the United States. But what we object to is that abominable fashion of intellectual overdosing, in vogue, and that system of cramming and mechanical memorizing which makes parrots of pupils, and renders the teacher a simple machine to put questions—a system which stimulates the memory of the child at the fatal cost of reason and the higher faculties, while the teacher, if a man or a woman of sense, is borne down under the conviction that, instead of educating children, he or she is engaged in applying a straight-jacket day after day to the mind of the young, preventing salutary motion and crippling its growth and expansion.

The object of all the education to the young,

is to teach them to think, so that after the boy leaves the school he may be prepared to study for himself, and to apply a correct intellectual measure to men and things. But to do that it is not sufficient that he should be able to read and write. He should be taught *what* he is reading, *what* he is writing, and *what* he is saying. The remarkable "gift of gab," for which this nation has become so notorious, is cultivated to an astonishing extent in our public schools.

In reality the great object of education has been entirely lost sight of, and for it has been substituted a system, the chief end of which is, on the part of the pupil, to commit to memory as many definite answers to as many definite questions as possible, and on the part of the teacher to show the largest average of questions answered. Whether the pupil understands the question or not, or whether the teacher is really competent to explain the answer, if it were necessary, is at present a matter of minor consideration. The fool with a big memory stands the best chance, while true talent and genius are crushed in this cruel game with the minds of the young.

We shall return to this subject in our next, reserving till then a consideration of the questions of mental hygiene proper involved in the subject.

THE POETRY OF THE SKULL.

Old wall of man's most noble part,
While now I trace with trembling hand
Thy sentiments, how oft I start,
Dismay'd at such a jarring band!

The least corruptible part of the human frame, which, as if spared as a memento, so long withstands the wrecking hand of time, has ever been a favorite and vivid ideal illustration. It is the grim material personification of our immaterial part, the ghastly link between the mortal and the immortal, the grinning mocker of human life, and vacant gazer on its empty aims. The cenobite kneels devotedly before it at his orisons, the reveller wreathes it with blossoms for the board, and the bacchanal, defying mortal care and pain, takes his lethean draught from its hollow shell. Its sentiment is found the burden of song and sonnet, of odes and lyrics, from the dignified epic to the rhyming jingle of the roundelay.

In some wanderings we have met the following poetic allusions to the skull, and although many of the extracts may be familiar to the reader, their desultory grouping may give them (assuming the poetical license of making a new word) a medico-lyrical interest:

Remove yon skull from out the scatter'd heaps;
Is that a temple where a God may dwell?
Why, ev'n the worm at last disdains her shatter'd cell!
Look on its broken arch, its ruin'd wall,
Its chambers desolate, and portals foul;
Yes, this was once ambition's airy hall,
The dome of thought, the palace of the soul:
Behold through each lacklustre, eyeless hole,
The gay recess of wisdom and wit,
And passion's host that never brook'd control:
Can all, saint, sage, or sophist ever writ,
People this lonely tower, this tenement refit?
Byron.

O, empty vault of former glory!
Where'er thou wert in time of old,
Thy surface tells thy living story,
Though now so hollow, dead, and cold;
For in thy form is yet descried
The traces left of young desire;
The painter's art, the statesman's pride,
The muse's song, the poet's fire;
But these, forsooth, now seem to be
Mere lumps on thy periphery.
These various organs show the place
Where friendship lov'd, where passion glow'd,
Where veneration grew in grace,
Where justice sway'd, where man was proud—
Whence wit its slippery sallies threw
On vanity, thereby defeated;
Where hope's imaginary view
Of things to come (fond fool) is seated;
Where circumspection made us fear,
'Mid gleams of joy some danger near.
And canst thou teach to future man
The way his evils to repair—
Say, O memento,—of the span
Of mortal life? for if the care
Of truth to science be not given,
(From whom no treachery can sever,)
There's no dependence under heaven,
That error may not reign forever,
May future heads more learning cull
From them when my own head's a skull.
Foster.

Built deep within a dreamy glen
Where scattered lay the bones of men,
In some forgotten battle slain,
And bleached by drifting wind and rain,
It might have tamed a warrior's heart,
To view such mockery of his art!

The knot-grass fetter'd there the hand
Which once could burst an iron band;
Beneath the broad and ample bone,
That buckler'd heart to fear unknown,
A feeble and a timorous guest,
The field-fare framed her lowly nest;
There the slow, blind-worm left his slime
On the fleet limbs that mock'd at time;
And there, too, lay the leader's skull,
Still wreathed with chaplet, flush'd and full,
For heath-bell, with her purple bloom,
Supplied the bonnet and the plume.

Scott.

Start not nor deem my spirit fled,
In me behold the only skull
From which, unlike a living head
Whatever flows is never dull.

I lived, I loved, I quaffed like thee;
I died; let earth my bones resign
Fill up, thou can'st not injure me
The worm hath fouler lips than thine.

Byron.

Behold this ruin! 'Twas a skull,
Once of ethereal spirit full.
This narrow cell was Life's retreat,
This space was Thought's mysterious seat,
What beauteous visions filled this spot,
What dreams of pleasure, long forgot.
Nor Hope, nor Love, nor Joy, nor Fear,
Have left one trace of record here.

Beneath this mouldering canopy
Once shone the bright and busy eye;
But, start not at the dismal void—
If social Love that eye employed;
If with no lawless fire it gleamed,
But through the dews of kindness beamed,
That eye shall be forever bright
When the stars and suns are sunk in Night.

Within this hollow cavern hung
The ready, swift, and tuneful tongue.
If Falsehood's honey it disdained,
And where it could not praise, was chained;
If bold in virtue's cause it spoke,
Yet gentle Concord never broke!
This silent Tongue shall plead for thee,
When Time unveils Eternity.

Say, did these fingers delve the mine?
Or with its envied rubies shine?
To hew the rock, or wear the gem,
Can little now avail to them.
But if the page of Truth they sought,
Or comfort to the mourner brought,
These hands a richer meed shall claim
Than all that wait on Wealth or Fame.

Avails, it whether bare or shod,
These feet the paths of Duty trod?
If from the bowers of Ease they fled,
To seek Affliction's humble shed;
If Grandeur's guilty bribe they spurned,
And home to Virtue's cot returned,
These feet with angel's wings shall vie,
And tread the palace of the sky.

Anonymous.

And then I dived,
In my lone wanderings, to the caves of death,
Searching its cause in its effects; and drew
From wither'd bones, and skulls, and heap'd up dust,
Conclusions most forbidden.

Byron.

Then from those cavernous eyes
Full flashes seemed to rise,
As when the northern skies
Gleam in December.

Longfellow.

For disputants like rams and bulls
Do fight with arms that spring from skulls.

Butler's Hudibras.

While they drink out of skulls newly torn from the grave,
Dancing around pale spectres are seen,
Their liquor is blood, and this horrible stave
They howl:—To the health of Alonzo, the brave,
And his consort, the false Imogene.

Old Recitation.

Skulls that cannot teach and will not learn.

Cowper.

Some lay in dead men's skulls; and in these holes
Where eyes did once inhabit, there were crept
As 'twere in scorn of eyes reflecting gems.

Shakspeare.

With redoubled strokes he plies his head;
But drives the batter'd skull within the brains.

Dryden.

With those huge bellows in his hands, he blows
New fire into my head; my brain-pan glows.

Dryd.

High brandishing his bright dew-burning blade
Upon his crested scalp so sore did smite,
That to the skull a yawning wound it made.

Spencer.

Would I had ten thousand soldiers' heads
Their skulls set all in silver; to drink healths
To his confusion who first invented war.

Dikker.

SPIRIT OF THE MEDICAL PRESS.

The Maryland and Virgina *Medical and Surgical Journal* has an editorial regarding the importance of medical societies to the profession. It says, speaking of the fact, that Baltimore possesses no working medical society:—

"Now, we do not hesitate to say that this is a most unfortunate condition of affairs, and one which, if it continues to exist, must tend to the disadvantage of the profession as a body, and of its members individually, to put it upon no higher ground.

"Every one who knows anything of the

world, is not ignorant of the advantages of association and co-operation. It would be superfluous for us to argue this point, and when we say that the application holds good for our profession, we only make a statement the truth of which all will admit.

"It should be clearly borne in mind by physicians that, when they have prescribed for and cured their patients, they have performed but a portion of their duty to society, and not a jot of that which they owe to their brethren in science. Those in large practice have, through medical societies, the power to communicate valuable information to their juniors, and those whose predilections lead them to the more theoretical parts of medicine are frequently able to furnish a stand-point for the young and enthusiastic but inexperienced worker. In the conversations and debates which ensue, valuable ideas are brought forward and important facts are adduced, to which, perhaps, the speaker himself attaches but little value, but which are the key-notes that others have been seeking, and which otherwise would never have been revealed and made available for the purposes of science.

"As means of increasing harmony and tending to advance the social interests of the professional medical societies cannot be overrated, and their influence is readily perceived in those cities which have most encouraged them. Let us, then, have something of the kind; let life be imparted to the feeble institutions which still exist; or, if they are beyond the reach of mortal aid, let those whose eminence and influence warrant them in undertaking the task see if something cannot be done to prove that the physicians of Baltimore are not unmindful of the duties they owe to humanity and to one another."

Those desiring to discontinue the Reporter can do so by simply neglecting to forward the amount of their subscription when due. It will not be sent long after the subscription has expired! Except in some of the larger cities, we do not send agents to collect subscriptions.

We have no agents who cannot give indubitable proof of their being in our employ, and, until notice is given to the contrary in our columns, we shall fulfill their engagements, in the ordinary course of business, in regard to subscriptions and advertisements. *Agents' commissions are renewed on the first of every year.*

Correspondence.

EUROPEAN CORRESPONDENCE.

MEDICAL MATTERS IN MADRID — TITLES — SCHOOLS OF MEDICINE — HOSPITALS.

Madrid, Jan. 12, 1861.

Messrs. Editors: — Since I have been in Madrid, I have enjoyed opportunities of examining the various Medical Institutions, and shall endeavor to give you some of the results of my observation. In medical science, as in almost every thing else, Spain is very much behind hand; but I think that she is looking up, and that progress is being made. The medical profession seems not to be much esteemed, probably in part because it has not been worthy of it, and in part from the old ideas that the army and the church are the only respectable ways for making money. Honors are now, however, given to physicians; one of the four who attend the Queen has been made a Marquis, and I have no doubt that, in a few years, the profession will take the stand it ought to occupy. I do not know what idea the title of Marquis, given to a physician, will have upon your readers; but here it is looked upon very much as that of LL. D. is in our country, so common as not to be much esteemed, and sometimes to be refused, by those who either have no money to support the dignity, or, as is the case again with the American title, by those who think they will be admired and talked about more by refusing than accepting.

In the latter category is the great banker, Salamanca, who declined the title of Count, and in the former that of a gentleman formerly minister at Washington, who declines that of Marquis. Of course those who are in possession of ancient titles value them very much, and *such* titles are not in the above category at all. In England, new titles are more valued because more sparingly given, and the medical profession is anxiously waiting for some one of their number to be elevated to the peerage. This much-desired event has been postponed, and perhaps an inseparable obstacle placed in its way by a bon mot of George IV., who declined to make a baron of a certain doctor lest the ladies should say to him, "Good Lord, deliver us." So they have to be contented with being knights and baronets, of which there are abundant instances.

The first institution I visited here was the School of Medicine, where there are nearly seven hundred students. Six or seven years' study are, however, required, so that only sixty or seventy graduate each year.

The museum of the college contained a very

interesting specimen of transposition of the viscera—the liver being on the left side and the stomach and intestines turned around to correspond, the coecum on the left and the sigmoid flexure on the right side. A skeleton of a giant, seven feet and eleven inches high, was pointed out to me. The dissecting room is very fine, having very high ceilings, and not being at the top of the house, as the case with those at home.

In the laboratory, I saw a very neat and simple apparatus for detecting blood-stains by hypochlorous acid, which will bleach everything else. Here, from all Spain, are sent cases of poisoning.

In the college are twenty-four professors and eight assistant professors. There is a small hospital in the building itself; but in the building next to it, and which indeed opens into it, is situated the great General Hospital, containing twelve hundred beds. It is built on the four sides of a court, and is three stories high. A ward on one side, into which I went, contained seventy beds, and was only separated by a partial partition from another of equal size, which ran parallel to it, and had windows opening on the street instead of on the court-yard, as was the case with the other. I hardly knew whether to call it one ward of one hundred and forty beds, or two, each of seventy. I am informed that there are, at least, two hospitals in Europe larger than this—one at Brussels, and one at Milan, which contains thirty-two hundred beds.

In the School of Medicine, I saw the room where degrees are conferred. Over the chief chair is the portrait of Isabel II., as indeed it is in every similar room which I have been in.

A day or two after my visit to the General Hospital, I visited the Hospital de la Princesa, which is much smaller, but which is far better arranged—the arrangement being the same as at Lariboisière in Paris and in the Bordeaux Hospital, although on a smaller scale. It may be said to consist of separate hospitals, with a garden between each two of them, and with a covered walk connecting them together at one end. This covered walk passes around a court-yard, in which is the chapel. The chapel is a much more important item in Spain than in France. The wards were all exactly similar, each with twenty beds. In one which I entered there was a woman chanting a monotonous prayer or litany. There were *baths* here just as at home. This is an astonishing thing for Spain; but the greatest wonder of all was the shower-bath, which had a room to itself and seemed (to judge from the complication of the arrangements) to have been just invented by some Spanish genius, and not yet simplified by their practical men.

The hospital was two stories high; the washing room and drying room were very nice and large. The nurses are sisters of charity.

I hope to be able to give you a description of the Military Hospital before we leave Madrid.

Very truly yours,

M. D. Abroad.

FRIGHTFUL CASE OF HÆMATEMESIS.

Messrs. Editors:—

I was hastily summoned on the 5th of December last to see Mrs. Healy, English, aged seventy-three years. I found her vomiting blood in enormous quantities, and learned that a large quantity had passed per anum. The attacks had come on the night previous, about twelve hours before my arrival, and had recurred at intervals of two hours up to the time when I saw her. On examining the vomited matter, I found it to consist of black, coagulated blood. The quanity was estimated to be about five quarts—a large chamber-pot being full, and a second, two-thirds full. The patient was bathed in a cold sweat, cheeks icy cold, the countenance presenting the pallor of a corpse, with symptoms of the extremest exhaustion; pulse almost imperceptible. I instantly gave four grains of opium as a stimulant, and soon after five grains of tannin, which had a most decided effect in quieting the stomach, and preventing further hemorrhage. In half an hour stimulants were resorted to; gave half an ounce of brandy and two grains of quinia.

Under the influence of this, reaction soon commenced. Having to visit another patient at some distance, I left orders that stimulants should be given every half hour, such as I had before given, and on my return, in two hours, found that my patient had progressed toward reaction very favorably. Instead of the cold, clammy sweat, there was a gentle perspiration, and a natural tint replacing the deathly hue. I now ordered half an ounce of brandy to be given every two hours, together with one grain of quinia, and left some pills of opium, with orders that one grain should be given every two hours until sleep was induced. On my return the following day I found my patient very comfortable. I ordered that no solid food should be taken; the essence of beef, with wine whey, as a stimulant, were given as occasion required.

Under this treatment she progressed favorably for two days, and stated, in her language, that "that dear stuff saved her life," meaning the opium. On the evening of the 8th, however, I was called again in great haste, the messenger stating that she had commenced bleeding again. On my arrival I found that about a quart had been vomited, resembling that on the first occasion. I again tried the previous plan of treatment, but without the same results. Although there was a cessation of the vomiting, reaction was not so readily

induced. In spite of the free administration of stimulants, the most complete prostration supervened; pulse hardly perceptible, skin cold and clammy, and extreme irritability of the nervous and muscular systems. I remained by the bedside all night, and could hardly see that any thing was gained by stimulation. The next morning, at six, when I left, a continuance of the stimulant treatment was ordered. On my return, at twelve, slight signs of reaction had set in, and continued through that day and next, until a comfortable state of feeling was attained.

My diagnosis was portal congestion, owing to torpor of the liver, and, as soon as I dared venture, gave cholagogue medicines, consisting of calomel and podophillin for a week, causing four or five stools a day. Although the patient was kept in a prostrate condition for some time, she has had no return of the hemorrhage up to this time, and with the exception of a slight œdema of the feet is now in apparently perfect health. I forgot to state that opium, in very large quantities, failed to produce sleep, and that hyoscyamus was completely successful.

Ch. L. Stoddard, M. D.,

Spring Prairie, Wis., Jan, 27th, 1861.

Champaign, Illinois, Jan. 25th, 1861.

Messrs. Editors:—I have a patient under my care of so peculiar a nature that I wish you would give my report of it an insertion in your journal, hoping that the correct pathology will thereby be elicited.

The patient is a boy of now about fifteen years of age, of sanguine temperament, and of good muscular and osseous development, equal to the majority of boys of that age. He had enjoyed good health until one year ago last July. During one afternoon of that month, while sitting on a hay mower, driving the horses—the day being quite warm and clear—he was suddenly noticed not to be conscious of what he was doing—unsteady in his movements. He was taken to the house of his father, some forty rods off, where I first saw him. He was then unconscious, comatose; legs and arms occasionally cramping; pulse increased about ten beats in a minute, and rather full. Mustard was used to the chest and spine, (upper part,) cold to the head, and a brisk cathartic administered. He recovered in a day or two; consciousness returned before the power of speech. He could write on a slate his wishes a few hours before he could speak. The same peculiarity was manifest in several attacks since.

After recovering from the first attack, he appeared in his usual health for about two months, when he was seized with another paroxysm, and has occasionally suffered in that way up to this time, with no regularity however. Excitement seems to favor the attacks. Some attacks are more severe than others, lasting from half an hour to twenty-four hours. They are sometimes accompanied with cramps; he will sometimes gape and stretch. The pulse does not vary from health, either in force or frequency; the surface remains of the ordinary temperature during the paroxysms. He has no recollection of what occurs at the time of these attacks, or what he was doing immediately preceding, with the exception of the last but one; there is no discharge of urine during or after them; sometimes he can swallow, and at other times not. During some of the attacks he is excited, and when any one goes near his bed, seems to wish to get away from them, and refuses to take medicine or even water. He frequently will come out of this condition all at once, and call for his pants or boots, or whatever he needs to finish his apparel, and go about as though nothing had happened. There is no frothing at the mouth during any of these attacks. The last two attacks (with an intervening) were brought on by some light blow, or dropping an empty basket on his head. The treatment has consisted of counter-irritants to the upper portion of spine, back of the neck, and preparations of iron; lastly, hydrocyanate of iron. He is not improving; and as his parents are much distressed about his condition, you and your readers will confer a favor by rendering any suggestions as to pathology and treatment that you think judicious. I would say that his bowels are regular, appetite good, but capricious. Just at this time he complains that one side of the left foot is somewhat numb. This is a very recent symptom.

C. H. Mills, M. D.

INFLUENCE OF THE POISON OF VARIOLA.

Messrs. Editors:—In reply to the communication of S. W. Trimmer, M. D., in your journal of the 26th instant, I wish to make the following statement. From April 12th to the 28th, 1857, I attended Mrs. W., of this city, during which interval she labored under a well-marked and almost fatal attack of small-pox. She had been vaccinated in infancy, but its modifying influence seemed to have been exhausted, and her face still remains quite pitted. On the 18th of July following the attack, (about three months having intervened,) I attended her in her fourth confinement. She gave birth to a fine healthy child, at full term, which presented no trace of small-pox. It was subsequently vaccinated by myself, and went through the ordinary phenomena of a successful vaccination. In this connection I desire to present another case somewhat dissimilar in its character. During the latter half of April, 1851, a Mrs. C., of this city, assisted in nursing a young man laboring under an attack of confluent small-pox. On the 12th of the following month (May) she was delivered, by myself, of her seventh child, at, or very nearly, full term. It was profusely

covered with variolous postules nearly matured. It died in a convulsion the second day after birth. The mother at no time experienced any appreciable symptoms of the disease. *She had had small-pox in her childhood.*

Yours truly,

B. F. Richardson, M. D.

Cincinnati, Ohio, January 31st, 1861.

NEWS AND MISCELLANY.

Poisoning by Strychnine—Testimony of Dr. Quidar and Professor Dcremus.—At a trial progressing in Hudson county, N. J., against Abson, for the murder of his wife, the following medical testimony was given, which, especially as it embodies the physiological test for strychnine, will be read with interest:

Dr. Quidor (Jersey City) deposed, that on the post-mortem examination he found a remarkable stiffness of the body; the muscles of the arms and legs were distinctly outlined, as if marked out with pencil; they seemed to be drawn to their utmost tension; such condition does not occur in ordinary deaths; you will find the usual stiffness, but it does not develop the muscles; the body was opened; the lungs were congested, and much engorged with blood; the liver, heart, and spleen were perfectly healthy; the witness found indications of death by strychnine; Abson told him, after giving her a powder the night of her death he went out; coming back suddenly he saw Mrs. Abson standing by the mantel-piece, drinking something from a cup; that she said she had taken poison and meant to kill herself; Abson said he did not give any alarm, because he was used to it, as she had been in the habit of taking poison for two years; as we were coming down stairs he said: "Doctor, stand by me; I know that she has taken poison, but I did not give it to her."

[Prof. Doremus being present, Dr. Quidor was withdrawn, to allow the former to take the stand.]

Prof. R. O. Doremus being sworn, testified—I made an analysis of a stomach left with me by Coroner Gafney and Quidor, on the 11th of November; there was also a portion of intestines, a powder, and at a later period I received the uterus, vagina, and bladder, also a small portion of ointment; on Monday I proceeded to perform the examination in a laboratory for this purpose; the stomach on its external appearance was engorged; on opening the stomach one and a half ounces of semi-fluid was found; stomach was washed repeatedly with distilled water; the most marked feature was a large dark patch of the size of a man's hand on the stomach; there were occasionally patches of a yellow hue; about twenty-five feet of the intestines accompanied the stomach, and contained about two ounces of semi-fluid substance, part of it having a yellowish hue; the portion nearest the stomach had the same appearance as the right side of the stomach; there was also yellowish patches; there was no softening of the intestines; the contents of the stomach, mingled with the washings, was divided into two portions; there was no other characteristic of volatile poisons; the taste was plainly bitter. (The Professor then gave the process gone through with in making the analysis.) It answered the best of the color tests, showing the presence of strychnine; the first test is known as Star's test; a second was made by what is known as Graham and Hoffman's test; the second half was acidulated; to this was applied fifteen chemical tests; these reactions demonstrated the substance to be strychnia.

A few drops of the contents of the stomach, diluted with distilled water, were dropped upon a frog, and in about half an hour he commenced with spasmodic twitching; these continued at intervals until he finally died. (The Professor then exhibited the frog, which presented all the appearance of death in convulsions, and a dead frog to which strychnia had been directly applied; both presented the same appearance.) Seven-eighths of the contents of the intestines were submitted to nearly the same tests for strychnine; they did not yield those marked proofs; one-eighth of the contents of the intestines, with the residue from the other portions, were then treated for certain metallic poisons, to which Marsh's test was applied, and no arsenic was found; these tests show that there was no arsenic in the stomach; the vagina, uterus, etc., were tested for arsenic, and none was found; a paper was given to me containing white powder, which proved to be sulphate of morphia; it contained about one-quarter of a grain, and would not be dangerous; there was no more morphine in the stomach or intestines; a little fragment of brownish ointment was next submitted to analysis, and a number of tests were made; I am forced to believe, therefore, that the substance I examined contained arsenic; there was no arsenic in the uterus or vagina; did not receive them until the eleventh of this month; they were preserved in alcohol; we do not find that portion of strychnia that causes death, but the excess only; a fatal dose would be from half to two grains; an empty stomach would be more readily operated upon than a full; on an empty stomach a fatal dose would commence from fifteen minutes to two hours; a weak person would more speedily feel the effect of the amount absorbed; strychnia produces, in the first place, a very bitter taste in the mouth; from fifteen to thirty minutes the voluntary muscles begin to move; after that the fits increase in intensity; the muscles become contracted, and after a few convulsions death intervenes; the muscles are very distinctly seen; the description that Coroner Gafney gave

of the body indicated that death was caused by convulsions.

To Judge Ogden—This was a very marked case of strychnia, more so than is usually found.

Cross-examined—I have performed a large number of experiments with strychnia; the general view is that it acts upon the nerves; it sometimes produces inflammation in the stomach, but not generally; the veins being gorged were indicative of inflammation; the external surface of the stomach was of rather a deeper blue than is usual; I have never known a case where the muscles once stiffened contracted.

Regular examination—The last edition of Taylor on Poisons is one of the finest standard works; ulceration would be the result of the application of arsenic in the vagina; there is one instance where a man killed three wives in that manner; the rubbing of a person in convulsions from strychnia would have a soothing effect.

Prof. Budd corroborated a portion of the evidence of Prof. Doremus, having been present but a portion of the time during the experiments.

Dr. Winship Outdone.—Dr. Winship, the celebrated Massachusetts athlete, who was asserted to be the "strongest man in the world," has met a superior in the person of one William Thompson, who is connected with the Chicago Gymnasium. The test of strength occurred in that city one day last week, at a gymnastic tournament, at which Dr. Winship performed his great muscular feat of lifting nine kegs of nails, weighing 1000 pounds, and raising, with the aid of harness on his shoulders, 1517 pounds. He was succeeded by Thompson, who, commencing with the last lift of the Doctor, then went on adding weights, and lifting with harness on shoulders and hips, until the numbers stood successively, 1536, 1636, 1736, 1836, 1936, 2036, 2136 pounds—a very remarkable lift, the latter, to be sure. He also experimented with dumbbells weighing 100 and 165 pounds. Another competing gymnastic, named Curtis, "pushed" first 130 pounds, and then 150 pounds in each hand with the pulley, and lying down upon his back, put up 110 pounds in each hand.

Hydrophobia after an Incubation of Fourteen Months.—The usual symptoms of hydrophobia were presented, accompanied with an intense pain, which was referred to the *penis*. This came on in severe paroxysms, which made the patient struggle and scream. He had been bitten fourteen months previously by a dog which was said to have been rabid. The wound on his leg was at once cauterized, but it never healed, and became a chronic sore, which continued until the time of the attack. He died within twenty-four hours. The case is reported in the Dublin *Medical Press*.

Death of an Infant from Sucking Lucifer Matches.—An inquest was held at Bristol, on the body of Arthur Webb, aged sixteen months, whose death was occasioned by sucking the phosphorus from off lucifer matches. The child, in the absence of his mother, was found sucking lucifer matches, which had been given him by a little companion. Shortly after this the mother fetched it down stairs, and was in the act of suckling it, when it suddenly began to vomit. Medical aid was procured, but the child never rallied, and died at half-past six on the following morning. The jury returned a verdict of "Accidentally poisoned by sucking lucifer matches."—*Dublin Med. Press.*

Putrid Meat in London.—Four thousand one hundred and thirty-three pounds, or nearly two tons of meat, were recently seized as unfit for food, during one week in London.

Answers to Correspondents.

M. W—The proper course for a surgeon, under such circumstances, is to require the discharge of the irregular practitioner in attendance before his services can be rendered. An emergency might, it is true, arise, requiring immediate action, but as little time need be lost in getting rid of the quack, if the patient or his friends are so disposed, surgical services may generally be with propriety withheld until this is done. Empirics, of all varieties, find themselves in an awkward position when thus obliged to confess their inefficiency, and are justly humiliated by having surgical attendance refused until they are discharged.

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COMMUNICATIONS RECEIVED.

Europe.—M. D. abroad. *Alabama*—Dr. J. H. Williamson. *Connecticut*—Wm. Porter, (with encl. for Dr. E. H. Porter, of N. Y.) *Georgia*—Dr. J. A. Butts, (with encl.) *Kentucky*—Dr. W. Milner, (with encl.) *Louisiana*—Dr. G. W. Dirmeyer. *Mississippi*—Dr. J. M. Shattuck. *Maryland*—Dr. J. C. Monkur, (with encl.) *New Jersey*—Dr. S. R. Smalley, Dr. J. T. Calhoun, Dr. C. W. Stickney. *New York*—Dr. G. K. Smith, Dr. W. Akin, (with encl.,) Dr. S. Pettingill, (with encl.,) Dr. J. Robertson, Dr. G. J. Higgins, Dr. H. Bradley, (with encl.,) Dr. W. Landt, (with encl.,) J. Winchester, (with encl.) *Ohio*—Dr. MacNicholl, (4,) Dr. J. G. Wilson, (with encl.,) Dr. A. W. Thompson, (with encl.,) Dr. S. D. Turney, (with encl.,) Dr. C. Sharpe, (with encl.,) Drs. Griswold and Ballard, (with encl.,) Dr. C. H. Hanks, (with encl.,) Dr. P. M. Wagenhals, (with encl.,) Dr. A. C. Barlow, (with enlc.,) Dr. C. S. Shawk, (with encl.,) Dr. C. Hildreth, (with encl.,) Dr. D. H. Beckworth, (with encl.,) Dr. Z. F. Young, (with encl.,) Dr. E. A. Fraquar, (with encl.,) Dr. S. B. Cherry, (with encl.,) Dr. J. McFarland, (with encl.,) Dr. A. H. Stephens, Dr. B. F. Richardson, Dr. A. Barrows, (with encl.,) Dr. Dr. L. T. Ballou, (with encl.,) Dr. M. Thompson, (with encl.,) Dr. G. W. Barnes, (with encl.,) Dr. F. Paatzig, (with encl.,) Dr. W. A. King, (with encl.) *Pennsylvania*—Dr J. Montgomery, Dr. S. Pollock, (with encl.,) Dr. T. H. Wilson, Dr. G. W. James, (with encl.) *Tennessee*—Drs. Rayner and Serier, (with encl.) *Wisconsin*—Dr. C. L. Stoddard.

Office Payments.—Dr. L. D. Thomas, (Ohio,) Dr. A. Zantzinger, Dr. F. W. Vandersloot, (Pa.,) J. Miller, Dr. J. W. Knox, Dr. S. P. Bartleson, (Pa.) By Mr. Swaine: Drs. Fricke, J. H. Githens, C. Miller, N. Y. Evans, Gilliams, Bloom, Lamb, Drayton, and Klapp.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 226. } PHILADELPHIA, FEBRUARY 16, 1861. { NEW SERIES, VOL. V. NO. 20.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Albuminuria, with Cases; Delivered at the Pennsylvania Hospital, February 2d, 1861.

By Francis G. Smith, M.D.
Attending Physician.

(Reported and Condensed for the Medical and Surgical Reporter.)

There are now in the hospital several cases of a disease affecting the system of nutrition, and manifesting itself by a common symptom, which give it the characteristic name of *albuminuria*. In order to study it understandingly, I will briefly recall to you phenomena which often present themselves in scarlatina.

Scarlatina depends upon a specific poison introduced into the blood, and causing a vast amount of constitutional irritation, which manifests itself by the production of a high degree of fever and a peculiar eruption on the skin. It generally lasts for five or seven days, when it terminates by desquamation, the cuticle coming off and a new one being formed. In some cases, from fourteen to twenty-one days, after the onset of the disease, if the urine is observed, it will be found scanty and slightly turbid, which latter condition is much increased by the application of heat, or the addition of nitric acid.

The urine now becomes still more scanty and is high-colored, sometimes presenting a smoky appearance, sometimes decidedly bloody.

The question arises, What has caused all this? Why does a new train of phenomena present itself at this stage of scarlatina when everything seemed tending to convalescence.

This disease depends, as said before, on the presence of a specific poison in the blood, and one of the outlets by which this poison has to be eliminated is through the skin. If the action of the skin, during convalescence, be arrested from any cause, as, for instance, exposure to cold, the kidneys take on vicarious action and endeavor to eliminate the poison. This vicarious action produces irritation in these organs, which subsequently gives rise to congestion; a large amount of epithelium is thrown out by the uriniferous tubes, they become clogged, and press upon the blood-vessels on all sides; great engorgement of the corpora malpighiana takes place, in consequence of which there is a stasis of circulation through them, and wherever there is a stasis of the circulatory fluid, there is apt to be an exosmosis of the watery constituents of the blood into the surrounding tissues.

In the kidneys the outlet for this material of the blood is into the uriniferous tubes, and thus we find some of the fluid constituents, the watery parts with the albumen, flowing out and making their appearance in the urine.

In this way we account for the existence of the albumen in the urine.

Sometimes this condition goes further; there is not only a stasis of blood and an exfoliation of epithelium, but the corpora malpighiana give way, and, in consequence, the urine becomes not only loaded with albumen, but smoky in appearance, sometimes decidedly blood-red in color. Under the microscope, in these instances, the blood-disks are found to be present, and also fibrinous casts of the uriniferous tubes themselves, having blood disks entangled with them.

It must be borne in mind that the kidney receives a large supply of blood from the systemic circulation; its artery enters the organ almost at a right angle from the great trunk, and washes into it torrents of blood to enable these organs to perform their function as sewers. When this renal artery reaches the cortical substance of the kidney it splits up into numerous vessels, the ramifications of which

become rolled up like balls of twine, constituting the red spots seen in the cortical portion of the kidney, and known by the name of the Corpora Malpighiana. Beside the afferent vessels these bodies also contain the efferent vessels by which the blood is returned to the renal vein.

Each of these bodies is embraced by the extremity of an uriniferous tubule, which conveys the urine to the pelvis of the kidney, from whence it goes to the bladder. The tube is somewhat convoluted as it runs down to the pelvis of the kidney, where it discharges its secretion. The efferent vessel as it emerges from the corpus malpighianum, becomes a second time capillary at the point where it embraces the uriniferous tubes, and hence there is a portal system of the kidney, according to some, containing arterial blood, while others maintain that it is venous. The question, however, will not come up at present.

Suppose these uriniferous tubes are throwing out large quantities of epithelium, desquamating as the skin does under the presence of the irritation of scarlatina poison, they will become charged with epithelial particles, and will necessarily become distended, making pressure on the second or portal system of vessels so as to interfere with the circulation of the blood through them; there will be a backing of the blood into the corpora malpighiana, which will also become clogged with blood; the renal artery still sending torrents of blood to its interior, there will be thus a backward and forward pressure upon the corpora malpighiana themselves, under which they must necessarily become greatly distended. There will be stasis, in consequence of which the condition just described will occur.

Thus, we find first an irritant is applied to the uriniferous tubes, then an increased amount of epithelium is thrown out into them, blocking them up, causing pressure on the portal system of the kidney, producing backing on the corpora malpighaina, effusion of the watery particles of the blood, the liquor sanguinis, and the blood discs.

This explains why the urine presents albumen, a smoky color, and the fibrinous casts.

But this is not all. Supposing that this blood cannot have an outlet, there will be a backing upon the left ventricle of the heart, thence into the left auricle, thus interfering with the circulation through the lungs, whence is produced dyspnœa, and sometimes effusion of water into the substance of the lungs, constituting œdema. Then it will go on to the right side of the heart, and the venous system will become engorged; serum will become infiltrated into the cellular tissue of the body, constituting anarsarca, which will be noticed first in the eye-lids, where there will be a little puffiness, more especially on rising in the morning. This effusion of fluid will gradually extend to the cheeks, then to the upper and lower extremities, finally into the cavity of the abdomen, or other localities, and be named according to the locality in which it takes place.

One of the patients before the class, a female, presents an illustration of acute dropsy, caused by a sudden arrest of the function of the skin, in consequence of exposure to cold, resulting in congestion of the corpora malpighiana, followed by the appearance of albumen in the urine.

The patient was in good health until some few weeks ago, when after exposure in washing, she became thoroughly chilled. Soon after she found that she began to swell, and that the quantity of urine discharged was diminished, while, at the same time, she experienced a frequent desire to pass water, being obliged to get up frequently in the night without being able to pass more than a small quantity. This may be owing to the fact that, in consequence of its diminished quantity, the urine is somewhat irritating to the mucous membrane of the bladder. Be this as it may, the symptoms which presented themselves were, *first*, diminution in the quantity of the urine; *second*, a dropsy which presented itself first in the eyelids and face, and subsequently in the upper and lower extremities.

When she came into the house, the symptoms were very manifest: there was great swelling of the lower extremities, so that the feet would sensibly pit on pressure, which they still do to some degree. There was also some effusion into the cavity of the abdomen.

The explanation of this train of symptoms is found in the fact that the patient, in performing a hard day's work, became very much heated, and while perspiring freely was subjected to a draught of cold air, by which the action of the skin was arrested. The skin it will be remembered is an excretory surface, intended to remove from the blood certain effete materials, whose retention would be injurious. When its function is arrested, instantly the vicarious organs—the kidneys—take upon themselves their friendly action, and endeavor to eliminate from the blood the poisonous materials. As in the scarlatina pa-

tient, the kidneys became irritated by the presence of an unusual amount, and perhaps a different kind, of irritation from that to which they were accustomed, and hence the occurrence of the same train of phenomena; the uriniferous tubes became clogged up with epithelial cells; in consequence of which, they pressed on the vessels constituting the portal system of the kidney, the circulation through which became impeded; congestion of the corpora malpighiana took place; rupture followed, or extravasation of the fluid particles of the blood into the uriniferous tubes, and albumen made its appearance in the urine. This is the way in which acute renal dropsy ordinarily occurs.

It is a well-known fact that, whenever albumen makes its appearance in the urine, there is a diminution in the amount of *urea* in that fluid; the normal quantity of this material, which should be cast off in the twenty-four hours, becomes diminished suddenly, and is found accumulating in the blood; here it becomes a poison, and, when this accumulation proceeds so far as to produce a depressing influence on the system at large, and more especially on the nervous system, it gives rise to a train of phenomena sometimes resulting in profound coma—sometimes in convulsions.

In the patient before the class, it merely produced some headache and a disposition to sleep, which was a constant symptom when she was admitted.

Uræmia, with its concomitant accidents, may occur in puerperal women, in consequence of the pressure of the gravid uterus upon the renal veins, causing, mechanically, congestion of the kidney; the circulation in the renal vein is impeded, and congestion occurs in the same way, before described, when there will be anasarca. Therefore, if a pregnant woman, especially if she be a primipara, has had some swelling of the lower extremities, a disposition to drowsiness, obscurity of vision, or phantasm, take care that she do not have puerperal convulsions, and therefore guard against it by a proper preliminary treatment.

In the *treatment* of this disease, it is manifestly our duty to relieve, if possible, the hydropic condition of the blood, to prevent any further infiltration of the cellular tissue, or the tendency to dropsy of the large cavities, and to promote the absorption of that already effused.

Carefully avoid all irritant diuretics; find some other outlet than the irritated kidneys for the relief of the dropsy; the bowels are a much safer medium, and we can produce profuse watery discharges from the mucous membrane of the alimentary canal by the combination of hydragogue medicines, which have also a somewhat diuretic, but not a stimulant, action upon the kidney. The best is the compound powder of jalap and cream of tartar in from ʒss. to ʒj. doses once or twice a day, or every other day, as the circumstances of the case may demand. This will produce a profuse watery discharge from the alimentary canal, relieve the blood of its hydropic condition, render it more dense, and favor endosmose from the tissues to the interior of the blood-vessels; for the denser the blood the more apt is the fluid which surrounds a vessel to be carried by endosmose into its interior, and vice versa.

The next endeavor must be to relieve the congestion of the kidney; and here we find that nature herself sometimes accomplishes this by rupture of one or more corpora malpighiana, and letting the blood escape into the uriniferous tubes.

It is questionable whether it is quite proper in the commencement of albuminuria, more especially when in the form of acute renal dropsy, to take blood either from the arm or locally from the back; whether, in some cases, it may not perhaps be better to wait a while and see if nature herself is not competent to relieve this congestion. There is no difficulty or danger to be apprehended from the application, however, of dry cups or counter-irritants over the kidney, which may be done with safety and advantage.

Therefore we direct, in addition to the hydragogue action on the alimentary canal, counter-irritation over the back by dry cups, sinapisms, or frictions, with some stimulating liniment—not the turpentine, however, for this may be absorbed into the blood, and act as an irritant to the kidneys.

Another means, which must not be forgotten, is the promotion of the action of the skin. This can be done either by the warm bath or the hot-air bath. If the patient is not strong enough to bear immersion in a general bath, by means of an ordinary alcohol lamp and a funnel connected with a tube, a stream of hot air may be sent under the bed-clothes, and profuse diaphoresis produced without subjecting the patient to the fatigue of rising.

It is very important to stimulate the action of the skin to relieve the kidneys from their

over-work, which they are hardly capable of carrying on.

If after we have thus relieved the urgent symptoms, the albuminuria still goes on, it may be well to apply cut cups and to take a few ounces of blood from the region of the kidneys. If, after this, the albuminuria and hæmaturia still continue and the patient becomes pale and waxy, presenting the characteristic appearance of chronic albuminuria, there arises a necessity for another plan of treatment, which is to combine with some mild and unirritating diuretic some of the chalybeates, and nothing is so good as the tr. ferri chloridi, given in combination with a solution of the acetate of ammonia, made super-acid by the addition of a small quantity of acetic acid; it is very efficacious in supplying the two conditions required, namely: to increase the quantity of red corpuscles, and also to produce a diuretic action on the kidneys.

Remember this is a disease of somewhat long standing. You must not become discouraged, therefore, if it does not yield at the onset; persevere in the treatment adopted until there is reason, in consequence of its want of success, to change it.

If you find that your patient is becoming feeble, give a good nourishing diet; let him have animal food, and it may be necessary, in some cases, and under certain circumstances, to combine a small amount of alcoholic stimulants in the treatment of acute renal dropsy.

In chronic albuminuria, we often find that new deposits of a different character take place; and thus the epithelial cells become loaded with foreign matter, in some cases with fat globules, in others with a peculiar waxy material.

The pathological phenomena in these cases are the same as in those described; there is the same mechanical pressure on the renal veins, the same stasis of blood in the corpora malpighiana, and the same train of symptoms in consequence.

It is important to determine the presence of albumen in the urine. We have two agents by which the presence of this organic product can be detected, the application of heat and the addition of nitric acid.

If you take urine, suspected to contain this material, and add to it a small quantity of nitric acid, if there be albumen, it will manifest itself by the presence of a dense white precipitate, sometimes so great as to cloud the whole specimen.

The urine of the patient before us has a somewhat smoky color; it is not the clear, amber hue of healthy urine. This is due to the presence in it of a small quantity of blood discs. On adding to it a few drops of nitric acid, instantaneously a dense precipitate of albumen is thrown down. It can also be detected by the application of heat; 160° Fahrenheit is sufficient to convert the fluid albumen of the serum into a solid.

In examining urine for the first time, it is always best to apply both tests, for, sometimes, owing to the presence of salts in the urine, thrown down by the application of nitric acid, the result might be mistaken.

Another test is that known as Millon's, which is a solution of the acid nitrate of mercury. Whenever this material is added to fluids containing protein bodies in solution, a precipitate will be produced, always recognizable by its beautiful pink hue, as seen in the present test with the urine of the patient. This is a very delicate test indeed, and it is asserted that a very minute part of albumen can be detected by it in any fluid.

There is another peculiarity in regard to albuminous urine,—it is its low specific gravity. The ordinary specific gravity of healthy urine ranges from 1015 to 1025; and, it is found in these cases, that although loaded with albumen, a substance dense in character itself, the specific gravity of albuminous urine falls sometimes as low as 1010, which is the sp. gr. of the urine now under examination.

It is supposed that this diminished specific gravity is due to the absence of the characteristic saline ingredients upon which its ordinary specific gravity depends. Whether by experiments on living animals, by placing a ligature on the renal veins, or from some pathological conditions in the organs themselves, we always find that the urea diminishes in the urine and accumulates in the blood, and the sp. gr. falls sometimes even as low as 1003, when the urine is loaded with albumen.

There is another phenomenon connected with this condition of the urine and the nutritional changes which result, to which time will allow me but briefly to advert. I will illustrate it by a case.

I was in attendance last fall on a primipara, who had gone as far in pregnancy as the sixth or seventh month. She then came under my care with a highly œdematous condition of the lower extremities, with puffy eyelids, swollen

face; with a diminished quantity of urine and a large amount of albumen in it.

One Sunday morning I found her in premature labor; the os uteri was just beginning to dilate; she was beginning to have pains and I sat by her side, watching her for several hours. As I was departing from the house she was seized with a violent convulsion, during which the fœtus was expelled, and she remained unconscious for a considerable time. Here was a case of convulsions produced by the presence of urea in the blood, attendant upon the condition of the kidney before described. When she recovered from her convulsion she was amaurotic in one eye, unable to distinguish anything before her when she employed that eye alone; when she closed the sound eye there was a smoky veil between herself and the object which rendered it indistinct.

This is not unusual in albuminuria from chronic disease of the kidney.

One of the patients before the class is a man in whom there is a chronic disease of the kidney, with albumen in his urine, and having all the characteristic phenomena of the disease, in whom is presented the amaurotic condition described, but limited in his case to one part of the eye. He can see only the lower portion of objects, so that the difficulty is in the lower part of the organ, for we must not forget that objects present an inverted image on the retina.

Sometimes in these cases there will be a single black spot, so that all the surrounding portions of an object will be seen, but not its central part. At other times the disease is in one vertical half of the eye, either the lower or the upper half.

This is, doubtless, owing to nutritional changes in the retina itself; probably to some impairment of the fibres of the retina, and, probably, also, in many cases where the contamination has been extensive to an infiltration into some of the sub-retinal tissues, in which the fibres of the optic nerve, and other parts connected with vision, become enfeebled in their action and incapable of transmitting correctly, or at all, the impression from rays of light.

The third patient brought forward to illustrate the subject under discussion had been in the early part of his life a seafaring man; subsequently, he became a rigger, and was exposed to great vicissitudes of temperature. He fell into feeble health a month ago; a large abscess formed in the walls of the abdomen, which was opened by Prof. Smith, of the University, discharging about six ounces of pus. Shortly after, he discovered his cheeks beginning to swell, and then he found that he had some little puffiness of the eyelids, and finally some effusion into the cavity of the abdomen.

When he came into the house, the characteristic materials, albumen, &c., were found in the urine in profusion.

There is nothing very remarkable about his case. It presents the ordinary phenomena of albuminuria. He has, however, one additional complication. There are symptoms of pulmonary disorder; he has had cough for some time; there has been some little effusion into the cellular tissue of the lungs, and he has had, to a limited extent, inability to lie down, in consequence of a sense of impending suffocation.

This infiltration into the cellular tissue of the lung takes place from the stasis of the circulation in the kidney backing the blood upon the aorta, and then into the left ventricle, then into the left auricle, and finally into the lungs, where, in consequence of the pressure, a partial stasis takes place, also causing infiltration into the cellular tissue of the lungs; and, in some cases of albuminuria, it is one of the modes by which the exit from life takes place; a sudden effusion occurs into the cellular tissue of the lungs, and the patient dies asphyxiated.

Sometimes the effusion takes place into the bronchial tubes themselves, and the man dies of suffocation.

This patient presents the same train of phenomena as the others, and the cause is probably mechanical, as in the case of the female.

I have not been able to detect in the urine either the presence of fat, oil globules, or of waxy casts, and am, therefore, disposed to consider the case as one of acute renal dropsy dependent upon the existence of some poison in the blood.

He has been purged with the compound powder of jalap and cream of tartar, and has had an infusion of juniper berries and cream of tartar.

The color of his skin is much more characteristic than in the other cases; he has the peculiar waxy appearance, in which there would seem to be a diminution in the red particles of the blood, perhaps from their escape from the kidney, and partly from the retention of the urea in the blood, which breaks down the red corpuscles.

We know urea to have this effect, because experiments have been made to ascertain the effects of certain secondary products on the

blood, and the addition of urea has been found to break down or dissolve the red particles; and if it is capable of acting in this manner upon fluids out of the body, there is no difficulty in comprehending that it will take place likewise in the body under similar conditions; and if the urea is retained in the blood, it may in the circulating fluid break down the red cells so as to cause the peculiar anemic condition.

After a while, the patient will be put on the solution of the superacetate of iron, and this will be administered in appropriate doses two or three times a day, to promote the restoration of the blood, as well as to keep up the proper diuretic action of the kidneys.

COMMUNICATIONS.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Continued from page* 504.)

Operative Method.—Among the methods to which recourse may be had, should it be decided to extirpate a cystic tumor of the ovaria, there are some that have been proposed without ever having been put in execution; others that have been employed but very rarely, and finally certain others that are most frequently employed, and approved especially by the English surgeons, in their extensive practice. It is the examination of the last that becomes the most important. In Germany, also, the same method has been in use, and M. Langenbeck, who has performed ovariotomy oftenest in that country, has adopted it.

When the operation is not very urgent, the patient is submitted for some time to a fortifying regimen. A few hours before the operation, the large intestines are emptied by means of a purgative or lavement. With the idea of avoiding the cooling of the abdominal cavity, after the division of its walls, some surgeons raise the temperature of the apartment in which they operate, or fill it with the vapor of water. Drs. Baker, Brown, and Spencer Wells, deem these precautions at least as useless. The inferior extremities and the chest of the patient are properly covered with flannel. Pieces of flannel warmed and moistened are made ready, destined to repress the intestines should they protrude. Anæsthestics have always been employed in late years.

The majority of operators place themselves on the side of the patient. Some years since it was customary to have the patient lie on an inclined plane, the limbs depending, the surgeon about to operate being placed between the knees of the patient. The incision in the abdomen is always made along the *linea alba*, between the umbilicus and the pubes. The peritoneum is opened upon a grooved sound, or with moistened scissors.

There was, at one time, much discussion among the English surgeons concerning the length of the incision in the abdominal walls. One party contended for a long incision; the other, for a short one. This quarrel is now entirely set at rest, and all are of the opinion that the first incision should be from four to five inches, at equal distances from the umbilicus and the pubis, and that it should not be enlarged from above or below till it is found impossible to continue the operation without it.

It is now thought that a long incision does not expose the peritoneum any more than a short one. Some operators even have advanced the opinion that, in exposing the tumor freely, there is less danger of violence to the abdominal viscera, and for this reason peritonitis would be less frequent after long incisions.

The incision made, the surgeon introduces the hand into the peritoneal cavity, examines the form and relations of the tumor, destroys what light adhesions there may exist, uniting the cyst to the walls or to the intra-abdominal organs. When the first examination, rapidly made, affords a certainty that the tumor is free, the portion of the cyst exposed is made to project through the lips of the wound. Most frequently it is drawn out by one or more *erignes*, confided to an assistant. Another assistant applies a hand to each side of the abdominal wound, for the purpose of maintaining the walls in the most exact contact possible with the sac, and hindering the protrusion of the bowels or the introduction of the cystic fluid.

This done, a large trocar is plunged into the tumor. Dr. Wells speaks very highly of a particular trocar; on one of the sides of the canula is an opening, guarded by a border supporting a long, gum-elastic tube. The free extremity of this plunges into a basin placed on the ground. In this manner the fluid is discharged

without wetting the patient or incommoding the operator. In proportion as the cyst is emptied, it is drawn out of the wound; if there are other sacs distended, they are tapped successively. The fluid is often too thick to be discharged; in this case it is attempted to empty the sac by converting the puncture into a longer or shorter incision.

Sometimes this mean is still insufficient, on account of the cells of the tumor being too small, and the small quantity of fluid escaping does not sufficiently diminish the size of the sac. Then it becomes necessary to prolong the incision of the walls either above or below, and attempt to extract the tumor without emptying. Hitherto we have spoken of cases, in which there are no adhesions to the abdominal walls, or merely slight adhesions, and such as can readily be broken up by the hand. But it often happens otherwise. The incision of the integuments is made; we endeavor to introduce the hand, and are arrested by a solid union of the cyst with the walls of the abdomen. In such cases the wound must immediately be enlarged, and endeavors made to detach the cyst with the handle of the scalpel. Sometimes this is not sufficient, and it becomes necessary to make a real dissection; there is a discharge of blood, and ligatures must be applied.

It is impossible to say what amount of resistance we may seek to surmount in these adhesions without absolutely endangering the life of the patient. The above-cited cases demonstrate that we may proceed very far in this way, and yet have hopes of success. However, when it becomes necessary to employ a cutting instrument to separate the adhesions, when ligatures have to be used, there is a greater risk of immediate difficulties, and the proportion of favorable chances diminishes in the same ratio. Finally, there are cases in which it is impossible to separate the tumor from the parietes, and we are then obliged to suspend the operation. Operations incompleted seem to have become more rare for some years past. Does this arise from the conviction of surgeons that an attempt to separate even very solid adhesions is justified by the results, or rather from a more careful rejection of the cases in which extensive adhesions had been recognized before the operation? Thus we may remark that Mr. Clay, of Manchester, has been compelled to leave the operation unfinished in ten cases only out of one hundred and three; M. Baker Brown, once in twenty cases; M. Spencer Niles, once in twenty-one operations achieved. M. Langenbeck was able to complete the extirpation in all of the operations he performed.

The adhesions uniting the tumor to the walls of the abdomen, are those that oftenest oppose a difficulty, or an absolute obstacle, to the accomplishment of the operation. In other cases, it has happened that the cyst being free, or retained very slightly by its anterior face, the surgeon has encountered resisting attachments to the epiploon, the intestines, the liver, the stomach, the uterus, or the floor of the pelvis. (Vide *Case* 5.)

Light epiploïc adhesions are quite frequent, and consist, for the most part, in false membranes easily detached. Operators, however, have sometimes been obliged to dissect the epiploon, or even to cut away a portion of it, and apply ligatures to the divided vessels.

Firm adhesions to the stomach, the liver, the spleen, the intestines, are rare. When these are encountered, it has been advised to cut the adherent part from the walls of the tumor and leave it in the abdomen; but more frequently the operation has been abandoned when such obstacles have been encountered.

The insertion of the tumor into the fundus of the uterus, and the entire absence or the brevity of the pedicle, have often been hindrances to extirpation. Under such circumstances, we cannot deduce, in a general way, any fixed rules; for, under conditions analagous, we find both successes and reverses. However, we must repeat it, the existence of unlooked-for adhesions, that are inseparable, constitute a very vulnerable point in the defense of ovariotomy. At the present time, no less than at other times, the operator may be exposed to the rebuff of being obliged to relinquish the execution of the operation. All that we have learned from the facts is summed up in this: the even violent separation of very extensive and very solid adhesions does not always exclude the chance of success.

What is to be done in the meantime if it be found impossible to continue the operation? Some operators have limited their efforts to the reuniting of the abdominal wound without attempting to touch the tumor; others have endeavored to improve the condition of the patient by an incision of the cyst, or by an excision of a portion of its walls. The results of these unfortunate attempts have been approximately determined by that part of M. Clays'

statistics treating of the fruitless attempts at extirpation already referred to.

Let us return to those cases in which the operation may be completed, and to that period of the operation when the cyst having been exposed and punctured, or incised, can be extracted, whether originally found free or whether its adhesions to neighboring organs may have been separated. The tumor is drawn out of the wound, and is attached by the pedicle. This pedicle is formed by the broad ligament, to which are united often the round ligament and Fallopian tube. There exist, moreover, in the pedicle vessels sometimes numerous and of a large calibre. Here we touch upon a point that has been considered as very important in the manual part of the operation, and to the decision of which there has been attributed, during the few past years, a great part in the result of the operation. What is to be done with the pedicle after the tumor has been separated? Formerly, it was tied by a very strong ligature when small; but, if thick, it was tied in several portions, after having penetrated it in one or more places with a needle armed with a double thread. It was then cut a little above the ligatures, and the secured portion of the pedicle returned within the abdomen, only taking the precaution to leave the ligatures in the wound when it was united.

For seven or eight years past, nearly all the surgeons who have performed ovariotomy have adopted a modification, employed probably for the first time by M. Langenbeck, in 1851, and which consists in maintaining the pedicle in the abdominal wound itself. Thus, in the first place, the danger of internal hemorrhage, which has frequently been caused by the premature detachment of the ligatures of the pedicle, is avoided; in the second place, one cause of peritonitis or the formation of abscess, often produced by the presence of the suppurating trunk of the pedicle in the abdominal cavity, is obviated.

At the present time, this part of the operation is practiced, we may say, substantially in the following manner, viz: Before cutting the pedicle, it is seized by a special instrument, the first idea of which pertains to M. Hutchinson, and which has been modified advantageously by M. Spencer Wells.

The first apparatus is composed of two pieces of wood, cut out in scollops on one of their sides, after the fashion of the enterotome of Dupuytren, and fastened at one of the ends by a hinge; at the other end there is a screw that allows them to be held close together.

M. Spencer Wells has substituted for the pieces of wood two plates of steel, that can be held together, more or less closely, by two screws placed in each end; by this plan the action of the two plates is parallel; the pedicle is tightened equally at all points, which was not the case with the wooden instrument, the compression of which being made at the sides of an angle was imperfect, and neither prevented the slipping of the pedicle nor the occurrence of hemorrhages from the side of this the least pressed.

The pedicle is then embraced by the two branches of this apparatus; if it is sufficiently long to allow it to be retained outside without its producing much traction, it is cut at the point of its insertion with the cyst; in the contrary case, the separation is made at the inferior portion of the cyst itself, so as to obtain by this artifice a more lengthy pedicle.

If this compression is to remain, it is placed transversely over the inferior angle of the wound, and ligatures to pedicle are dispensed with. This is the procedure when the pedicle has a considerable length. When it is short, it is necessary to fasten it in the wound, the surface of its section being even with the abdominal incision, and the compression is laid aside. In this case one or more strong ligatures are applied. The tumor is then separated, and the pedicle, secured from hemorrhage by compression or by ligature, remains in the inferior angle of the wound, together with the extremities of the ligatures applied to the vessels in the abdominal cavity, after the section of inseparable adhesions. The surgeon assures himself that there is no blood, water from the cyst, or other impurity, remaining in the abdomen; when that happens, it must be washed out carefully with fine sponges, saturated with warm water.

(*To be continued.*)

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South Carolina Medical Association.—At a meeting of the Executive Committee, held on Wednesday last, it was resolved to postpone, until some future time, of which due notice shall be given, the anniversary meeting of the Association. This, under ordinary circumstances, would take place on the 6th proximo. The present aspect of political affairs has, in the opinion of the Executive Committee, made this change advisable, and they earnestly request that the different papers of the State will kindly call the attention of physicians to the fact.—*Columbia Banner.*

Reduction of an Axillary Luxation by Professor Henry H. Smith's Method, after Failure by Extension.

By J. H. Wilson, M. D.,
Of Schnecksville, Pennsylvania.

About 10 o'clock A. M., February 3d, I was called to a farmer, strong and muscular, 66 years of age, who had luxated his shoulder by being thrown from his sleigh. Having no one to assist me but his wife and a little boy, I placed him on a bed and began to administer ether; but by the time he was nearly under its influence, throwing himself about, with his eyes wide open and fixed on me, his wife became alarmed, and begged me desist and wait until his boys came home. Having done so, the old man recovered from the stimulus of the ether, and said that rather than feel so bad again, he would have the arm reduced without being put asleep. I then placed him on the floor, sat down alongside of him, placed my foot in his axilla, and began to pull, but soon found I could do but little. I then had one of the sons to assist me, but without being able to overcome the muscles, the old man screaming all the time with pain. He now begged for the ether, even if it killed him. I then used ether and chloroform, in the proportion of one part of the latter to three of the former, by weight. After he was fully insensible, I flexed the fore-arm at a right angle with the arm, raised the arm until the elbow was about five inches above the level of the inferior edge of the glenoid cavity, and, using the fore-arm as a lever, rotated the head of the humerus upward and backward, until the palm of the hand looked almost directly upward, the patient being held up on a chair; then bringing the elbow to the side and slightly across the body, gave the fore-arm a reverse motion, until the palm of the hand looked toward the belly, when the bone slipped back into the joint without the least trouble.

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Appointments.—The following judicious appointments were made recently by the Judges of the Court and Guardians of tho Poor of Schuylkill county, Pa.:

D. Webster Bland, M. D., Physician and Surgeon of the Almshouse.

Jno. G. Kœhler, M. D., Consulting Surgeon to Almshouse.

The qualifications of these gentlemen are well known to the public, and will entitle them to the eminent position assigned them.

Therapeutical and Pharmaceutical Notes on Cimicifuga.

By Edward Parrish.

At the risk of being charged with traveling out of the legitimate sphere of the pharmaceutist, I offer to the profession the following notes on one of the most valuable of our indigenous drugs.

The recent admirable remarks on cimicifuga, by Prof. Simpson, of Edinburgh, published in the London *Medical Times and Gazette*, have reminded me of several unpublished cases, in which it has been used with great success. One of these occurred in the practice of my friend and pupil in pharmacy, Dr. Charles Schaffer, who employed the resinoid active principle, known in commerce as cimicifugin, at my suggestion, in an anomalous case, which, with the other treatment, I shall describe as related to me.

The patient was a lady of about forty-six years of age, thin and anæmic, of highly nervous temperament, yet so weak as to be unable to walk a quarter of a mile without suffering great fatigue; her appetite was exceedingly poor, almost amounting to loathing of food; she often ate nothing at breakfast and but little at other meals; her urine was observed to be frequently loaded with uric acid and urate of ammonia, especially after undue exercise. She had been partially in this condition for a number of years, but within the few months preceding, suffered from the additional trouble of wakefulness, which now amounted to a serious matter, as she would sleep but three or four hours out of the twenty-four, and, of course, suffered the consequences; this last symptom had, probably, some connection with mental disturbance, caused by the recent death of an intimate friend.

For these symptoms, and especially the great lassitude and weakness, she was freely treated with tonics and stimulants, such as proto-carbonate of iron and quassia, and, at bed-time, Dover's powder, etc., with very partial success, the morbid vigilance seeming to be aggravated by the stimulating action of the opiates, although sleep was frequently obtained the next day as a result of the great weariness. Valerian, asafœtida, chloroform, ether, and conium, were also resorted to, with neither complete nor permanent success; chloroform gave the best results of any of the sedatives, but it produced such nausea that the patient was obliged to discontinue it. Sponging with whisky and the

use of syrup of wild cherry, with small doses of hydrocyanic acid, at retiring, were the most effectual palliatives for the wakefulness, and the use of solution of caustic potassa diminished the urinary deposits; but there was felt to be a want of some remedial agency to reach the *cause* of the unusually persistent symptoms. The resin of cimicifuga was employed to this end, beginning with quarter-grain doses, three or four times a day, according to circumstances; this, though occasionally producing headache, was immediately successful, inducing quiet sleep, restoring the appetite, and gradually diminishing the urinary deposit.

Iron, which had been used at intervals from the first, was now combined with the resin; the health of the patient continued to improve; at the date of this information she could walk a mile or more without unpleasant fatigue; loses but one or two hours of the nine or ten allotted to sleep, and that from the habitual dread of wakefulness rather than from any physical cause.

The results, in this case, seem to indicate a trial of cimicifuga in anomalous cases of nervous disorder resisting ordinary stimulant and sedative treatment, and the many cases of chorea and rheumatism on record in which it has been found effectual, the testimony now coming across the water from the distinguished Edinburgh Professor, who has used it successfully in puerperal hypochondriasis, must draw increased attention to it as filling up a gap in the materia medica. Of the drug itself too little is known by practitioners, who, in their daily rounds, pass by its nodding racemes projecting above the fence tops, from Canada to Florida, without the least chagrin that some of its most valuable adaptations should be first brought to notice in a foreign land. This root is well described by Dr. Wood in the Dispensatory, but one remarkable character has not been mentioned in any of the descriptions which I have seen; it is the peculiar appearance of the cross section of the rootlets; owing to the irregular shrinkage of the central ligneous portion, which is of a light color, while the external layers are nearly black, the fracture displays a star-shaped or lobed figure, frequently with five divisions, though sometimes with three, and often four resembling the Maltese cross. The rough and contorted head forms by far the largest part of the drug as found in the shops; it is hard and resinous, and possesses a peculiar though not very strong odor, which is lost by age and deterioration. This drug is so little called for in the shops that it is generally laid away on a shelf till it is perhaps covered with mould, and has lost any volatile ingredient which may be supposed to add to its efficiency. Let this fact have its weight in estimating its efficiency from past experience.

The preparations in use are the powder, very ineligible, requiring to be given in 20 to 60 grain doses. The tincture which, though not officinal, is made usually in about the proportion of two ounces to the pint of diluted alcohol, and given in a dose of a teaspoonful or more. The fluid extract which, like most of this class of prepations, is designed to represent the drug in the proportion of a fluid ounce to each ounce, and is appropriately given in the dose of 30 drops. The solid extract, which is also unofficinal, and seldom met with, is well adapted to the pillular form, eight grains representing a drachm of the root; dose 3 to 8 grains.

The so-called active resinoid principle cimicifugin or macrotin, as called by some manufacturers, originated with the Western School of "Eclectics," who carry a certain method of preparation to a ridiculous extreme, using it for nearly all drugs. This method consists in thoroughly exhausting the drug by strong alcohol, concentrating to a syrupy consistence, and precipitating by water; a process which seems well adapted to this and several other drugs. As thus prepared, cimicifugin is a dry, insoluble powder, active in doses of a quarter to half a grain, sometimes increased to one grain, and, excepting in the partial loss of the volatile odorous principle, it seems a good representative of the root itself.

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☞ *A New Sanitary Association.*—An eminent sanitarian, of this city, has started the project of a local sanitary association, and has been seconded by a number of those interested in sanitary science. The society is not designed to be a strictly medical organization, but to be composed of persons generally who are devoted to the study and practical application of public hygiene.

The need of such an institution in Philadelphia, notwithstanding the present high sanitary condition of the city will be admitted, and the organization in a society of the most eminent sanitarians in this country, cannot fail to be a great gain to a department of science, which has, within a short period, become a specialty of world-wide interest. Such associations already exist in the European capitals, and also in Boston and New York. The project will, of course, meet with favor from the profession, and when its designs are understood, will be viewed by the public as a measure of great importance, and have its due influence on the municipal administration.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

ANEURISM.

Subsequent History of the Case of Aneurism, reported January 12th, (see p. 394,) with post mortem appearances; illustrated by a wood-cut.

January 26th.—For the past few days, the patient has been suffering intensely; has had very great difficulty of respiration. There has been a change in the physical condition of the tumor within a day or two in consequence of the intense dyspnœa from the disorder of the lungs. The whole character of the tumor has changed. It is more prominent on one side than upon the other, showing that it is thrust forward, and that its topographical relations are altered to some degree; there is, however, not that prominence which would show an imminent danger of perforation externally, whatever may be the case internally.

He is in constant suffering, which cannot be relieved, though he is taking morphia as a narcotic, and carbonate of ammonia as an expectorant. The peculiarity in this case is, that after using the medicine a few days with advantage, it seems gradually to lose its efficiency.

The difficulty continued to increase, and finally the patient died, not from rupture, but in consequence of the pressure exercised by the tumor.

During his last hours, he was obliged to lie in a peculiar twisted condition on one side.

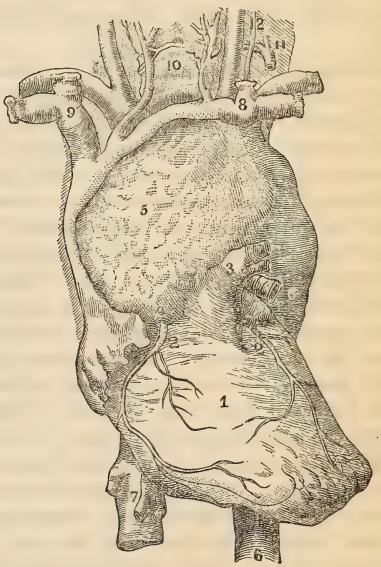
The aneurism pressed upon the trachea, from behind, bringing together the two opposite surfaces of the lining mucous membrane; this was followed by an ulceration, which is nearly an inch in diameter, deep seated, running down through the membranes. It did not destroy the rings of the trachea, except in one portion at the very extremity, though the ulceration is posteriorly where the rings do not exist. There was reddening of the whole trachea, but no lymph, except at the point of ulceration.

The heart presented but little alteration externally, except evidence of a slight attack of pericarditis. There was a tolerably old false membrane in the pericardium. Adhesions existed nearly all over the heart.

The aneurism was in the arch of the aorta, and extended from just above the point of origin, above the coronary arteries, reaching up to the space of eight inches in height, while its transverse diameter measured nearly seven inches. The innominata was somewhat enlarged, as also upon the other side were the subclavian and carotid.

The whole aneurismal sac contained a vast quantity of coagulum. The internal surface was covered all over with a membrane, part of the coagulum adhering closely to it, having probably undergone some degree of organization. There were patches of lymph scattered over the surface of the clot which was almost organized.

The tumor in front had produced erosion of the ribs; of these, the third was eaten through, and the second to a certain degree, while the fourth rib also was slightly touched, forming an extent of erosion two and a half inches in length and breadth. There was also some degree of erosion on the vertebræ.



Explanation of Cut.—1, heart; 2, coronary arteries; 3 pulmonary artery; 4, commencement of aorta, natural size for about an inch, then bulging out into 5, the aneurismal sac: 6, 6, descending and abdominal aorta; 7, vena cava ascendens; 8, junction of jugular and subclavian vein, and commencement of vena innominata; 9, right vena innominata; 10, trachea; 11, thoracic duct; 12, pneumogastric of left side, cut away, as it runs over the aneurismal tumor.

The above cut represents very accurately the appearance of the parts in situ. We are indebted for it to the artistic skill of Dr. Chas. A. McCall, resident physician of the Pennsylvania Hospital. It is accurately reduced, so as to represent the exact proportions of the parts.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

HYDROCELE—TAPPING—CLINICAL REMARKS.

The man in whom this occurs has been tapped every four or five months for the past six years, but has always been unwilling to undergo an operation for its radical cure. He loses, on an average, half a pint of fluid each time, his system not appearing to suffer. Generally, however, the necessity for the repetition of the palliative operation of tapping increases as the disease advances, and from being drawn off every five or six months, the water requires to be evacuated every two or three months, which will result in a diminution of the patient's general strength and health. Sometimes persons get so accustomed to their hydrocele that they think nothing of tapping themselves. Dr. Pancoast related the instance of a man who had tapped himself for hydrocele 120 times, and when he saw him, though he was an aged man, he could count as many scars, for which there was room from the continual enlargement of the scrotum.

The blood-vessels had become enlarged, especially the external pudic artery, to two or three times the natural size, and, in tapping himself the last time, he put the lancet crosswise and cut off one of the enlarged external pudic arteries; consequently the scrotum became filled with blood; blood was extravasated into the surrounding cellular tissue down the region of the thigh, and the whole parts became as black as the skin of a negro.

The patient was given anodynes and diaphoretics, and being an old and feeble man, he was given rather stimulating remedies.

He was confined to his bed for six weeks, and, ultimately recovered, his hydrocele radically cured. Fortunately, the parts did not suppurate or he would have lost his life.

It is often a question whether there is any risk in drawing off the water from the hydrocele of an old man.

There is some risk, for from simple tapping inflammation and sloughing has sometimes occurred; inflammation of a peculiar kind, which has been well described by Liston as inflammatory œdema of the scrotum, in which the liquor sanguinis of the blood is poured out, filling up all the tissue, and all the areolar structure, and which condition can only be relieved by broad incisions, especially in the septum scroti.

Dr. Pancoast relies much upon iodine injections into hydroceles of old men, having never seen bad consequences follow this method.

Sometimes a simple tapping, where injection is not practiced, will produce death from sloughing.

Dr. Pancoast mentioned a case that occurred in the early part of his career, where being called to a case of hydrocele in an old, feeble man, he proposed to tap, followed by injections, but, some indisposition ensuing, the operation was postponed, and, leaving town, another physician was subsequently called to the case and tapped the hydrocele; so much inflammation ensued that the whole of the walls of the scrotum sloughed away, leaving the testicles lying bare between his thighs; had an injection with iodine followed the withdrawal of the water, it might, perhaps, have prevented this result.

Suppose a man should have erysipelas following an injection of iodine? Erysipelas, elsewhere, is often treated locally with tincture of iodine and with very favorable results. Hence the injection with iodine is not to be deemed any more hazardous than leaving it alone.

In performing the operation of tapping the scrotum the position of the testicle must be carefully looked for. Sometimes it will be found on the side, and sometimes on the back of the tumor, while occasionally there is more than one sac.

Dr. Pancoast had a case lately in which there were two on each side, one behind the cord and one before it, and he had to inject the scrotum in four different places.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Da Costa.

February 9th, 1861.

PARALYSIS AGITANS FROM CEREBRAL DISEASE—REMARKS.

James Clifford, — years of age, entered the Hospital on the 24th of January, 1861. He had been sick then two months, having previous to that time been in good health, following his occupation as engineer.

Two months before his admission into the Hospital, he was attacked, at ten o'clock in the morning, after he had gone to work, with what he describes as shaking and something like a chill; the attack lasted about ten minutes; he remained in bed one day, and in the house three days, when he resumed his work, the chills not returning. The shaking and trembling, however, returned after four or five days, and has continued since.

One morning, when waking up, four weeks after this first attack, he suddenly found that he had partially lost his sight; he had been

seized with amaurosis; but he cannot remember that anything special happened during the night—no pain or unusual sensation. At about the same time, strabismus occurred in both eyes, somewhat more, however, in the right, than the left.

In this state he was brought in the Hospital, trembling, unable to hold his hands very straight, his fingers shaking. His gait is good, but not very firm; there is no disturbance of his digestive functions, with the exception of a tendency to constipation, which, however, is usual to him. Sensation is unimpaired.

Here, then, Dr. Costa remarked, we have a person, in good health, suddenly seized with trembling, particularly on one side, followed by loss of sight, strabismus. There must be some serious organic cause for all this, and it becomes necessary to examine the various organs carefully.

His lungs are perfectly clear on percussion; respiration is normal. Hence, these cannot be the seat of the affection.

The heart is perfectly normal.

The urine has been examined and found healthy; no disease whatever can be detected in any of the abdominal viscera.

It must hence be concluded that the affection under which the patient is suffering is not symptomatic—not a mere functional irritation, but that it is primarily connected with morbid changes in the nervous system.

The disease itself is called PARALYSIS AGITANS; but this is a bad term. There is no paralysis, but simply a loss of controlling muscular movements of certain parts, more or less, of the whole body. It is very similar and closely allied to chorea, and a rare disease, when it comes on suddenly and at the age of this patient. Paralysis agitans is an affection ordinarily encountered in very old persons, manifesting itself in various ways. In some patients, the trembling movements will be chiefly limited to the head, producing a continuous shaking; in others, the lower extremities will be principally affected, giving rise to a peculiar and quite characteristic gait, the patient leaning forward while walking; in others, again, the hands and fingers are seized; while in another class, we have all these combined in a greater or less degree.

The disease then consisting, not in a loss of power of muscular contraction, but in a loss of control over muscular movements, the question arises as to its pathology.

Clinical experience teaches that in some cases there has been a hardening of the spinal column, at its upper portion; in other post-mortem examinations, nothing abnormal has been found. Some French physicians, however, judging from clinical and physiological observation, look upon the disease as owing to an affection of the corpora quadrigemina. The present case would, in part, seem to bear out this latter theory: for, beside the paralysis agitanis, the patient has become amaurotic, and we all know the optic nerve at the origin to be connected with the corpora quadrigemina.

Assuming this view in the case as correct or not, can we go a step further and say what is the precise morbid change which has been taking place in the part of the brain affected? Is there a clot from apoplectic hæmorrhage, softening from disease of the blood vessels, giving rise to altered nutrition of the brain?

It is not very probable that the morbid change is owing to hæmorrhage, although the first attack seized the patient with apparent suddenness. The amaurosis did not come on until four weeks subsequent to the attack, while the patient was not seized with tremors until some time had elapsed. The history of apoplectic effusions is more sudden; it is followed by more or less true paralysis. Further, while such has not been the case here, on the 30th of January, the patient had a convulsion, followed by some stupor, but no foaming at the mouth, nor subsequent paralysis.

For these reasons, we may with propriety conclude that the disease consists in some morbid process in the brain itself, but had not its origin in a sanguineous apoplexy. Perhaps it was an effusion gradually traveling from the ventricles downwards, or a faulty nutrition of the organ, giving rise to disorganization of its substance; and if any blood is effused, it will be a secondary result, due to the altered disorganized condition of the brain substance.

The patient has thus far been placed under no particular treatment, save a blister at back of neck and a well-nourishing but unstimulating diet. Under this it is thought there has been some improvement, and that the patient is gaining ground.

A remedy, which has been very warmly recommended by Elliotson in these cases, is the carbonate of iron. We shall give it to this patient in the form of Vallet's mass, four grains three times a day. But the remedy should be used with very great caution, abandoning it as soon as it should cause headache or other symptoms of cerebral congestion. It will be very advantageous to keep his bowels open, and to purge them well from time to time, while a blister to the back of the head may serve a good purpose, as a counter-irritant.

MORBID SPECIMEN—ACUTE TUBERCULAR—INFILTRATION OF THE LUNGS.

The patient, a man about 30 years of age, came into the Hospital with pneumoni some months ago. He was treated, became apparently well, and was dismissed. Shortly afterward, however, at the time when Dr. Da Costa came on duty, he re-entered, affected with shortness of breathing. Physical examination revealed extensive solidification of the right lung, but whether this was owing to tuber-

cular infiltration or not could not be positively determined. He gradually became weaker and weaker; there was great prostration, dropsy supervened, and he died yesterday.

On examining the lungs removed, there is found a cavity on the top of the right lung, of considerable size, corresponding to a strong blowing respiration which had been heard during life. Throughout the whole extent of the upper lobe, this lung is found infiltrated with tubercle, and solidified by pneumonia. The left lung is perfectly healthy. Had the patient lived some time longer, tubercular infiltration in this lung would undoubtedly have taken place on this side as well as on the right. Another point of interest is the rapid acute tubercular infiltration, concurrent with or subsequent to pneumonia.

ASTHMA.

Mary B., 48 years of age, has been suffering for three years from repeated paroxysms of difficult respiration, accompanied by wheezing—asthma.

In the majority of cases, asthma, Dr. Da Costa remarked, is but a symptom: sometimes of disease of the heart, at other times it is a reflex phenomenon, a spasmodic affection of the muscular fibres of the bronchial tubes, from irritation of other organs, such as the uterus; and a third cause is found in organic changes of the lungs themselves, such as chronic bronchitis or dilatation of the air-cells, emphysema. Hence we should not treat merely the paroxysm, but the disease — the morbid condition which causes it.

In this case the disease came on rather suddenly three years ago, the patient having previously been in perfect health; she had never previously been suffering from shortness of breath, had no cough or cold at the time; menstruation had been regular up to that time, when it ceased.

On physical examination, now, the percussion over the chest, both anteriorly and posteriorly, is found clear. There are dry as well as moist mucous râles anteriorly and posteriorly, which entirely mask the vesicular murmur. Percussion is not excessively clear.

The râles on both sides indicate a diffused bronchitis, while their moist as well as dry character shows that the effusion is not very tenacious. From the signs, it is evident that, while the patient has a bronchitis, there is probably no dilatation of the air-cells. Were this the case we would have increased and exaggerated percussion-clearness. Still we cannot say positively there is much secretion, as the vesicular murmur is masked by the râles.

The heart-sounds are normal. There is no soreness or pain in the abdomen.

The treatment must depend upon the view we take regarding the cause of the disease. The bronchitis in this case appears to be the chief difficulty; to this may be added a tendency to spasm from uterine irritation. It is, however, to be borne in mind that the patient is at the age at which menstruation ordinarily ceases.

She will be ordered to take five grains of the iodide of potassium, with a teaspoonful of syrup of senega, and half a teaspoonful of the compound tincture of guaiacum three times a day. The senega will stimulate secretion from the bronchial tubes and promote expectoration; the iodide of potassium, while it will tend to reduce the chronic engorgement of the bronchial tubes, seems also to exercise in many cases of this kind a specific action upon the spasmodic tendency, and is used with much benefit; while the guaiacum will stimulate and regulate uterine function.

Counter-irritation in the form of dry cups, followed by a blister between the scapulæ, will also be ordered. We are thus not prescribing for a paroxysm of asthma, but for the morbid conditions upon which it seems to be dependent in this case.

CONGESTIVE HEADACHE.

In this case, which has been reported in our last number, the treatment with aconite, veratrum viride, and saline purgatives was resorted to and produced some amelioration, yet the headache still continued. Twelve ounces of blood were hence taken from the arm, and this has been followed by almost entire relief. He should now be put on proper preventive hygienic and dietetic regulations, so that he may in future be broken of his habit of bleeding. All stimulating food and drink should be avoided. His bowels should be kept open, and occasionally purged by saline cathartics.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

Fifty-Fourth Annual Meeting.

FIRST DAY.

The New York State Medical Society convened in the Supervisor's Room, City Hall, at 11 o'clock, Tuesday morning, February 5.

PRESIDENT'S ADDRESS.

Dr. Daniel Jones, of Onondaga, the President, opened the meeting by reading the following address:

Gentlemen of the Society:—Allow me, upon taking the place so kindly assigned me by your

suffrages as President of this annual meeting, to return you my sincere and grateful acknowledgments.

I am well aware of the high honor which attaches to the presiding officer of the Medical Society of the State of New York, one of the oldest and largest institutions of the kind in our Union.

Words are too feeble to express my thanks, and I ask, you gentlemen, to aid me in the faithful discharge of the duties incumbent upon me, as the best and only return I can make you for the honor conferred.

The year past has been one of uninterrupted prosperity. Never have the people of our State had more abundant cause for thankfulness to the giver of every good and perfect gift than at the present time, for an abundant harvest and an entire exemption from malignant, epidemic disease.

No year has brought to our beloved State more of the blessings of civilized life, and none has been more exempt from the ills which flesh is heir to.

Yet such remarkable exemption from disease, nor the enjoyment of the thousand blessings consequent on this year of unparalleled prosperity, have been able to keep from the counsels of the nation discord and treason, proving the fact that nations, like individuals, become insane. I only remark, may the proper remedy be promptly applied, and this once blessed Union saved to ourselves, and children, and their descendants forever.

Your by-laws make it incumbent upon me to communicate to you the "condition of the medical profession in the State, with such suggestions in relation to its improvement," as I shall deem appropriate.

This has been so repeatedly and ably done by my learned predecessors, that I should only detain you from the execution of more important duties were I to enter into an extended notice of each of these subjects. I shall therefore pass them by, merely remarking that our Society has, within a few years, more than doubled the number in attendance at our annual meetings.

The medical colleges and periodical literature of our State are such as compare well with those of any other State, and are equal to the wants of the profession. The medical profession never stood on a firmer basis than now. Empiricism of the more prominent kinds are loosing their novelty, and its practitioners are being forced to add new articles to their creeds, to meet the exigence, and prevent their followers deserting for some new wonder. The American Medical Association, at its last meeting, had a long and able discussion on the best means of raising the standard of medical education.

They failed to agree upon anything definite, and left it, as best they should, to the laws of competition, which will, in a free country, produce in the end just that which the people want. Our profession, like every other, must and will have cheap men in it, and, of course, cheap schools to make them.

The attendance at our annual meetings have become so numerous that it is impossible for us, in a body, to give communications, submitted to us, the proper attention they should receive.

To obviate this difficulty I would recommend that the Society divide itself into two sections, one Medical the other Surgical, these sections to hold their sessions during the afternoon and evening. Each section to elect their own officers for the time being, and make its own by-laws or rules of order. All communications relating to either Medicine or Surgery, coming before the Society, shall by the presiding officer be referred to the proper section, by them to be heard, discussed, and reported upon, and, with their report, referred to the publishing committee by the Society—the ordinary routine business of the society to be transacted by the Society during its morning sessions.

This division of labor was adopted at the last meeting of the American Medical Association, and gave, I believe, universal satisfaction, as they were enabled to give that kind and amount of attention to articles which their authors desired. Intelligent legislative liberality has given to the transactions of this Society a wider circulation than those of any other medical publication within our State; it, therefore, becomes our duty to watch with care, that nothing extraneous gets into them, to swell their size and destroy their value. The last two were, in this respect, improvements on their predecessors. An application to the Legislature, for specification, should, if possible, be avoided. Resolutions and votes of thanks, for new discoveries in medicine, or improvements in surgical apparatus, should never be passed. I would suggest, in view of the numerous accidents in our country from steam boilers, steamboats and railroads engines, whether spirituous liquor, adulterated or unadulterated, have not some agency in producing some of these accidents, and whether the chances of their occurring would not be diminished if all engineers and conductors were temperate men?

I would now annonnce to you that the Society is duly organized and ready for business, and, as the first business in order, I would announce the following gentlemen as a Committee on Credentials: Drs. S. D. Willard, M. M. Marsh, J. G. Adams; and the following gentlemen to compose the Nominating Committee:—

1st	District—	John McNulty.
2d	do	H. A. Carrington.
3d	do	T. C. Brinsmade.
4th	do	Hiram Corliss.
5th	do	A. Van Dyck.
6th	do	C. S. Wood.

7th District—Charles Van Anden.
8th do C. E. Gay.

The Secretary read a communication from the Secretary of the State Medical Society, informing the Society of the appointment of delegates to the annual meeting of the New York State Society.

DELEGATES FROM CONNECTICUT.

Dr. T. C. Brinsmade announced that he had the pleasure of saying that Dr. Ashbel Woodward, President of the Connecticut Medical Society, and Dr. Benjamin H. Catlin, ex-President, were present as delegates from the Connecticut Society, and, therefore, offered the following:

Whereas, The State Medical Society of Connecticut has appointed a delegation from their body to meet with this Society at its present session, consisting of Dr. Ashbel Woodward, Dr. Benjamin H. Catlin, Dr. Hastings, and others, and as these gentlemen are now present,

Resolved, That they be cordially received by this Society and invited to participate in its deliberations.

The preamble and resolution were adopted.

Drs. Woodward and Catlin then took seats in the Convention, and were received with applause.

Dr. Alden March moved that the Committee on Credentials be requested to invite all physicians present to attend the meetings of the Society as Honorary Members. Agreed to.

Dr. T. C. Brinsmade, with a view to reciprocate the kind feeling of the Connecticut Medical Society, moved that the Nominating Committee be directed to name eight delegates to attend the next meeting of the Connecticut State Medical Society, two delegates to be selected from each Censorial District. Agreed to.

COMMISSION OF LUNACY.

Dr. L. B. Cotes offered the following:

Whereas, The subject of the establishment of a State "Commission of Lunacy" has been in agitation by this Society for the last two years, and that it requires certain legislation for its accomplishment; and,

Whereas, A bill is now before the Senate waiting the further opinion of the profession in relation to its merits; therefore,

Resolved, That the State Medical Society, at its annual meeting, recommend prompt action of the Medical Committee in the Senate, in reference to obtaining the final passage of the bill; and that the members of the Society now present use their influence, individually, with the respective members of the Legislature of their acquaintance to effect this object.

Resolved, That a Committee of three be appointed to meet and confer with the Senate Committee, at their meeting to be held Wednesday afternoon, and present these resolutions, signed by the President and Secretary.

The resolutions were adopted, and Drs. Cotes, Thorn, and C. B. Coventry were appointed such Committee.

Dr. McNulty suggested that the Committee examine the bill and report it to the Society on Wednesday morning, with such alterations or amendments as they may deem advisable.

CASES AND PAPERS—PLACENTA AT TWIN BIRTH.

Dr. J. V. P. Quackenbush presented to the Society a single placenta of a twin birth, the two cards being inserted within an inch of each other, and were *forty-seven* inches long. The placenta measured nine inches in diameter. The children were both within the same membrane.

Dr. A. Van Dyck read a paper entitled "Inversion of the Uterus," which elicited general discussion, in which Drs. C. A. Lee, Quackenbush and others participated.

MERCURY IN ACUTE PERICARDITIS.

Dr. Vanderpoel read a paper on the above subject. The author controverts the views of Latham, Fuller, and Hope, who recommend mercury in the treatment of acute pericarditis, as based upon erroneous principles. There is no analogy, as far as therapeutical results are concerned, between acute pericarditis and iritis, while the order of symptoms, the conditions in which it occurs, and the efforts of recuperation in the former disease, forbid the use of depressing agents, such as mercury.

SUSPENDED ANIMATION—RESUSCITATION BY MARSHALL HALL'S METHOD.

Dr. J. G. Adams communicated for Dr. T. G. Thomas a detailed case of resuscitation by Marshall Hall's method. It occurred in a woman, twenty-three years of age, an inmate of Bellevue Hospital. She had been suffering from violent hysterical convulsions of an epileptiform character, with partial hemiplegia. During one of the convulsions, January 30, Dr. Thomas resorted to chloroform. After about four or five minutes from the commencement of its administration, about two or three drachms having been used, animation was suddenly suspended, respiration and the heart's action ceased. Marshall Hall's method was immediately resorted to, and continued for twenty minutes, when a slight flutter of the pulse was detected. The efforts being continued, the heart gradually resumed its function, and under the ready method and the application of the galvanic battery to the muscles of respiration, respiration soon commenced, and the patient was restored. Dr. Thomas justly ascribes the fortunate issue of the case to the "Ready Method," which should be immediately and persistently resorted to in all such cases. It was afterwards found that the patient had a distinct bruit due to roughness or insufficiency of the aortic valves.

TREATMENT OF FRACTURES OF THE FEMUR BY SIMPLE EXTENSION.

The design of this paper, by Dr. Swinburne, is to place in a more prominent light this mode of treatment.

It may be briefly described as follows:—The patient is placed in bed, and a broad, well-padded perineal belt adjusted and secured to the head of the bedstead; and no splint at all is made use of, as the powerful muscles and fascia that envelope the femur are amply competent to support and fix the bone. The pelvis being thus fixed by the perineal belt, extension is obtained by means of adhesive strips secured to the leg. The plasters are applied along the outside of the leg, descending spirally, protruding so as to form a strong loop under the sole of the foot, and then extending up on the inside of the leg. These strips are not applied one directly over the other, but at small distances apart, so as to embrace a larger surface of the leg, thus equalizing the tension upon the integument. Then a number of shorter strips are applied in a manner similar to the many-tailed bandage, surrounding and securing the long plasters.

A strong cord is then passed through the loop of plasters and secured to the foot of the bedstead. The simplicity of this method is a strong recommendation. There are many occasions when a Liston splint, or any other, can be obtained only with difficulty; in this method nothing is required but ordinary adhesive plaster, and an old sheet or rope will furnish the rest.

The patient can move in bed, as much as is necessary, with greater freedom than when embarrassed by a long splint, and with really less danger of displacement. The seat of fracture can be examined at any moment without having a long bandage to unroll, and wet cloths or other local applications can be used with as great facility as if the limb were well. The advantages of this method of extension are best manifested in compound fractures; the wound of the muscles and integument is as perfectly accessible as if it were not complicated with a fracture. Perfect cleanliness may be preserved, which it is impossible to obtain when the splint and bandage are used, without much trouble.

The limb can be measured as often as is desired, and the amount of extension regulated accordingly by merely tightening the cord which secures the foot to the end of the bedstead. The circulation is not interfered with, as is often the case when the splint and roller is used: and, what is of greater importance, the patient is far more comfortable than when trammeled by the usual dressings.

There is less danger of sloughing of the heel or malleolus, a complication by no means seldom met with under the usual treatment, because here there need be no pressure upon the prominent bony projections, either from the bed or the dressings; and, with regard to the perineal belt, the chances of excoriation are not greater than when the long splint is employed. In fact, the line of traction in the latter case, being more oblique, has greater tendency to press the upper part of the thigh outward, and is consequently more painful than when the force is applied more directly to the pelvis, which effect may always be obtained by a proper adjustment of the perineal belt.

One other, and not the least, advantage is, that in this form of treatment there is no agglutination of the muscles to the bone, or each other, and consequently no stiffening of the limb from that source; and, as soon the bone is strong enough to bear the weight of the patient, the muscles are ready to do their part in the locomotion.

One objection, and, by-the-way, the only one which possesses a show of validity, has been made, that the foot is liable to evert or invert; but a single moment's reflection will satisfy any one that no great ingenuity is required to avoid this: a bag of sand or bran on either side of the foot, or a strip of plaster or of cloth, any of these simple means can be so employed as to maintain the foot in a proper position.

But little extension is necessary during the first stage of treatment. To prevent perineal excoriations, and accustom the patient to the necessary pressure when union is taking place, little more is essential, at first, than what is required to overcome spasmodic, muscular contraction and displacement of the fractured ends. When the process of reparation has been thoroughly begun, even after the provisional callus has been thrown out, or at all events has begun to form—say a period of fifteen days—there is time enough to use extension for the purpose of acquiring the necessary length of the limb. In this way the patient has an opportunity of becoming accustomed to the confinement, and the parts where the pressure falls become inured and hardened, and thus better prepared for the necessary extending force.

The efficacy of this treatment, like that of many and all others, is to be tested by its practical results. From an experience of ten years, Dr. Swinburne concludes that there is no method more reliable than this.

By this method there have been treated twenty-five cases, ten of which were hospital, and fifteen were private patients. Of the latter, six were intra-capsular.

In the case of hospital patients, records have been kept, more or less full and perfect; and from these records the following cases have been quoted, as illustrating fairly the results of this practice.

Hospital Record.—Case 97.—William Graham, aged 26, (Ireland,) was admitted June 15, 1853, with fracture of the right femur. Extension and counter-extension made by perineal belt and adhesive strips to leg. After seven weeks and

two days, extension discontinued; was discharged with a sound limb, only half an inch short, after a treatment of not quite nine weeks.

Case 106.—Martin Connor, aged 35, (Ireland,) admitted August 3, 1853, with fracture of the right femur, a trifle below its middle, and also fracture of the fibula, two or three inches above the malleolus. Extension and counter-extension by perineal belt, and adhesive strips to the leg. On the 1st of September, the case passed into the hands of a surgeon, to whom this method of treatment was distasteful. After a period of six weeks and three days, extension was discontinued, and the leg found to be half an inch short. The patient was discharged, cured, after having been under treatment seven weeks and five days. It is probable that in this case the extension might have been made sufficiently to have prevented the half-inch shortening.

Case 108.—August 12, 1853, admitted Stephen M. Wiggins, aged 21, with fracture of the left femur at its lower third. On the 1st of September, this patient, like the last, passed into other hands. Extension was discontinued, and the limb found to be less than half an inch short. After a period of seven weeks and three days, patient walked with crutches. October 14, patient's cane slipped, and his entire weight falling upon the injured leg, the callus was broken up. Liston's splint was then applied. November 10, four weeks after the second fracture, long splint removed, and pasteboard splints and rollers applied. November 14, walked with crutches, and November 22d discharged cured, with leg half an inch short, fifteen weeks after the first, and six weeks after the second fracture.

Case 135.—January 5, 1854, admitted John A. Pitcher, aged 21, (Germany.) Patient met with a fall of thirty feet, fracturing the femur at its middle; also the left tibia and fibula at their lower third; extension by perineal belt, and adhesive strips at the lower part of the thigh, just below the patella. Strips were also applied to the lower part of the leg, forming a loop under the sole of the foot, upon which extension was made, merely sufficient to maintain the fractured ends of the tibia and fibula *in situ*, the principal extension being between the perineal belt and the lower end of the thigh. Feb. 14, six weeks lacking two days from the date of the accident, the extension was discontinued. Feb. 23, patient was discharged cured, having been under treatment seven weeks. According to the records, the foot was a little everted, which might readily be accounted for by the complicated nature of the case. No mention is made of any deficiency in length.

Case 139.—February 22, 1854, admitted James McKenzie, aged 16, (Scotland,) with compound fracture of the left femur, through its middle. Extension and counter-extension by perineal belt, and adhesive strips to leg. In consequence of the fact that the other thigh had been fractured previously, and was three-quarters of an inch short, the extension, in this case, was only made sufficiently to accommodate the length of this leg to the other. April 3, after six weeks, lacking two days, extension was discontinued, and May 1st patient was discharged cured, with legs of equal length, having been under treatment ten weeks, lacking two days.

Case 206.—February 13, 1855, admitted Mary Petit, aged 24, (Ireland,) with fracture of the left femur, at its lower third, by a fall upon the sidewalk. The bone had for a long time been diseased, fistulous openings having appeared from time to time, leaving cicatrices, some of which still remain. Near the site of the fracture was a fistulous opening, through which was detected carious bone. Extension made by perineal belt, and adhesive strips. April 17, nine weeks from the date of fracture, extension was discontinued and union found pretty firm; the fistula remaining open, and necrosed bone escaping occasionally, patient was not discharged until June 17, two months after. The case was then as complete as could be hoped for.

Case 250.—July 19, 1855, admitted Wm. Malloy, aged 18, (Ireland,) with fracture of left femur at its upper third. Extension and counter-extension made by perineal belt and adhesive strips. September 10, eight weeks, lacking two days, from the time of injury, extension was discontinued. September 22, nine weeks and two days, patient discharged cured. Record says nothing as to length of injured limb.

Case 340.—February 3, 1857, admitted John Levine, aged 19, (Ireland,) with fracture of femur through its middle. Extension and counter-extension by perineal belt and adhesive plaster. March 7, five weeks lacking three days, extension discontinued, and leg firm, with no distortion.

Case 400.—November 7, 1857, admitted Wm. Devine, aged 30, (Ireland,) with fracture of femur near its middle. Extension and counter-extension by perineal belt and adhesive strips. December 25, seven weeks after injury, extension was discontinued. January 14, discharged cured, with no perceptible difference between the sound and injured limb, as regards shape or length, having been under treatment nine weeks and five days.

Case 457.—June 24, 1858, admitted James Linan, (U. S.,) aged 13, with fracture of right femur through its middle. Extension and counter-extension by perineal belt and adhesive strips. August 23, nine weeks lacking three

days from the date of the injury, patient was discharged cured with a perfect limb.

Beside these cases treated in the hospital, the following are alluded to, which all occurred in private practice.

J. E., aged 42 years, oblique fracture of upper third of femur; much contused; extension six weeks; discharged in ten weeks. Limb little less than half an inch short.

J. F., aged 30, contusion of soft parts and fracture of upper third of femur; railroad accident; extension discontinued in six weeks. Patient walked to office with crutch and cane from Greenbush, in eight weeks from the date of the accident. No distortion or shortening.

O. H., aged 14, fracture of lower third of femur; extension discontinued in four weeks; pretty firm; union in three weeks; walking with cane and crutch in six weeks; no distortion or shortening.

P. R., aged 9 years, fracture of upper third of femur; union firm in three weeks; extension discontinued in four weeks; walked with cane and crutch in six weeks; no distortion or shortening.

F. Mc., aged 18, fractures of femur tibia and fibula; treated as described in hospital patient, with like accident; union firm in four weeks; extension discontinued in six weeks; walked with cane and crutch in eight weeks; no distortion or shortening.

J. C., aged 40, compound fracture of upper third of femur; union firm in six weeks; walked in nine weeks; no distortion or shortening.

P. F., aged 32, fracture of middle third of femur; union firm in five weeks; walked in eight weeks, with crutch and cane.

McW., aged 9 years, fracture of lower third of femur; union firm at three weeks; extension discontinued in four weeks and three days; no distortion or shortening. This patient is now under treatment.

All of these cases were treated as above described. In but one of them was there visible shortening, nor was there any distortion of the thigh; no eversion or inversion of the foot. The average period of time during which extension was maintained was five weeks; and in the majority of cases, union was tolerably firm at the expiration of *three* to *four* weeks, varying according to the age of the patient, and the nature of the injury.

In addition to the above were six cases of fracture, within the capsular ligament, occurring in patients, most of them over sixty years of age, and all treated by this method of extension, with results much better than could be expected, and which it would have been vain to expect under the usual treatment.

MEDICAL EDUCATION.

Dr. Howard Townsend, of Albany, read a report from the Committee on the subject of Medical Education, in which they take strong ground against the idea of conferring a second degree. Referred to the Publication Committee.

Dr. Vanderpœl moved that the report be presented to the American Medical Association at its meeting to be held in Chicago, as the expression of the views of the New York State Society, on this subject. Agreed to.

MISCELLANEOUS BUSINESS.

Dr. Vanderpool moved the appointment of a Committee of Three to invite the medical gentlemen of the Legislature to take seats as Honorary Members. Adopted, and Drs. Vanderpœl, C. S. Wood, and U. Potter named as the Committee.

Dr. Brinsmade moved the appointment of a Committee of Three to take into consideration the suggestions and recommendations of the President, as embodied in his Inaugural Address, and report the same as early as practicable. Agreed to; and Drs. Griscom, Brinsmade and Beaty appointed such Committee.

The Treasurer, Dr. J. V. P. Quackenbush, presented his annual report, by which it appeared that the receipts for the year 1860 were $216 15, and the disbursement $71 74, leaving a balance in the hands of the Treasurer of $144 41.

The report was accepted and referred to Drs. Corliss, Bly, and Adams, for examination.

Dr. March offered the following:

Resolved, That the delegates to the State Medical Society of Connecticut be invited as guests of this Society, and that the Secretary be authorized to provide suitable quarters for them at Congress Hall.

Dr. Adams read a series of resolutions adopted by the New York Medical College, relative to the publication of cases and operations in the daily prints. Referred to the Committee on Publication.

The Committee appointed to examine the Treasurer's accounts, reported that they had examined the same and found them correct. Accepted.

Second Day.

SECRETARY'S REPORT.

The Secretary, Dr. S. D. Willard, stated that he had received letters from Drs. Alfred Stillé, of Philadelphia, George Mendenhall, of Cincinnati, J. Mason Warren, of Boston, Warren Stone, of New Orleans, Benjamin Hopkins Catlin, of Connecticut, severally acknowledging their estimation of the distinction conferred upon them by their election to honorary membership, and expressing their kind wishes for the continued prosperity and usefulness of the Society.

The Secretary also announced that the Society was represented by nearly a full corps of delegates as the American Medical Association, at New Haven, in June, 1860, and that he dis-

tributed among the members of the Association seventy-five copies of the Society's transactions, so that copies reached every State represented in the Association; and that he believed these distributions in Washington and Louisville had a most favorable influence in extending the reputation of the Society, and that there are but few States in the Union from which he did not have application by letter for these volumes.

The Secretary further stated that the Transactions had been distributed to the various Societies in the State, as nearly *pro rata* to their representation as could be easily devised; that this distribution did not supply each member of the several County Medical Societies, but that the number printed for the use of the Society would not allow such a distribution.

Dr. Willard stated further, that for two or three years past, his office had been crowded by the papers and volumes of the Society, and that he had attempted to remove this inconvenience, and arrange more carefully the archives of the Society by purchasing a bookcase for their reception, which he had been kindly allowed to place in the private room of Professors McNaughton and Townsend, at the Medical College, where, henceforth, the papers of the Society may be found.

MEMOIR OF DR. CASPER VAN WIE BURTON.

Dr. S. D. Willard presented a biographical memoir of Casper Van Wie Burton, of Lansingburgh. Dr. Burton was born in this city, July 15th, 1810. At the age of 17 years he went to learn the business of book-binding, and subsequently removed to Troy for the purpose of prosecuting it more successfully. He also became extensively engaged in the publishing business, under the firm of Tuttle, Belcher & Burton, and a part of this time he was connected with the editorial department of the Troy *Morning Mail*. Soon after, circumstances induced him to begin the study of medicine, as a pupil of Dr. Thomas C. Brinsmade. He attended lectures at the Albany Medical College, and received his Degree in Medicine at that institution in 1842, when he had nearly completed his thirty-second year. He remained in Troy about a year, when he removed to Lansingburg. He soon became associated in business with Dr. Leonard, a relation that existed for eight years. He devoted himself to study constantly, and occasionally contributed articles to medical journals. In 1853 the degree of Master of Arts was conferred upon Dr. Burton, by the Rochester University. In 1857 he occupied the Presidency of the Rennsselaer County Medical Society, and the same year was elected a permanent member of the State Medical Society. In 1853 he had been made a corresponding vaccinator of the London Vaccine establishment, and in 1857 an honorary member of the New York Chirurgical Society. He died of diphtheria, September 23d, 1860.

PAPERS PRESENTED AND COMMUNICATIONS RECEIVED.

Dr. Alden March read a paper entitled "Compound Comminuted and Complicated Fracture of the upper end of Tibia." Referred.

A communication was received from the Medical Society of the County of Chenango, and read before said society by E. S. Lyman, M. D.

A communication was likewise received from the Medical Society of the County of Herkimer.

Dr. Bissell then read a paper on "Dermic Medication." Referred.

Dr. John G. Adams read a paper entitled "Statistics of Suicides in the City of New York, 1859 and 1860." Referred.

Dr. Downs read a paper entitled "Poisoning by Corrosive Sublimate." Referred.

Dr. T. C. Finnell read a paper entitled "Suicide, with Pathological Specimen." Referred.

Dr. Finnell presented the list of the members of the Medical Society of the County of New York. Referred.

Dr. McNulty read a paper entitled "Traumatic Tetanus."

The secretary presented communications entitled as follows:—

"Two Pair of Twins within One Year and Five Days," by Dr. Barrows.

"Suspected Poisoning," by Dr. John Gay Orton.

"Bleeding in Cerebral Diseases," by Dr. S. O. Vanderpoel.

"Rupture of the Uterus," with an account of three cases, by Dr. G. J. Fisher, of Sing Sing, N. Y.

"Diphtheria," by Dr. Ferris Jacobs.

"History of Madison County," by Dr. A. L. Saunders.

"Diphtheria," by Dr. W. Potter.

"Rupture of the Womb, complicated with Strangulated Umbilical Hernia, in a state of Gangrene."

Dr. Joseph C. Hutchinson read a paper on the "Exsection of Portions of the Eighth, Ninth, and Tenth Dorsal Vertebræ." Referred.

Dr. H. also presented a communication from the Kings County Medical Society. Referred.

Dr. Bly read a paper on "Artificial Limbs." Referred.

Dr. Elisha Harris read a very interesting report on "Medical Hydrography." The report concludes with a series of resolutions, providing for the continuance of the committee recommending the Legislature to provide a comprehensive and effectual system of inquiry and advice upon subjects relating to the public health; that, providing the subject is not definitely acted upon by the present Legislature, the Committee on Medical Typography and Climatology to cause to be prepared a suitable outline of points that should be included in such a sanitary code as would provide for the general interests of public salubrity throughout

the State, and to submit the same to this society at its next annual meeting.

The resolutions were adopted.

Dr. Edward H. Parsons, Vice-President, addressed the society on "the use of opium and preparations made from it." The remarks of Dr. P. were in the highest degree interesting.

Quite a discussion ensued, during which some startling statements were made relative to the use of this drug.

REPORTS OF COMMITTEES.

Dr. Squibb read a report from the Committee to devise some means for controlling the use of adulterated medicines. Accepted.

Dr. S. also read a report of the delegation of the New York State Medical Society to the fourth decennial National Medical Convention for revising the United States Pharmacopia. Accepted.

Dr. Cotes, from the Committee on the Commission of Lunacy, reported that they had carefully examined an act relating to this subject referred to them, and recommended that the twelfth section in said act should be stricken out.

Dr. Ranney addressed the society on the subject, and submitted a bill for the consideration of the members.

Dr. Sayre, after debate, offered the following:—

"*Resolved*, That the report of Dr. Ranney, and the bill as amended by him, be referred to the Committee, with instructions to transmit the same to the Legislature as an expression of the sense of the State Medical Society."

Dr. Staats moved to lay the whole subject on the table. Lost.

Dr. Sayre's resolution was then adopted.

The Committe on Credentials made their report, and asked for the sense of the society whether they should accept of credentials where they had been received from delegates previously elected,—the New York delegation have been voted the power to fill their own vacancies.

On motion of Dr. Bissell, it was voted to admit the several delegates aforesaid to full membership at this meeting.

On motion of Dr. Sprague, the sense of the society was unanimously expressed, that no such power can be conceded to delegates by any County Medical Society, the statute of the State defining how and for what period delegates shall be elected and vacancies filled.

At a late stage of the proceedings, Dr. Coventry moved a reconsideration of the vote admitting the New York delegates (coming as substitutes) to seats. Carried.

Dr. C. then moved that they be admitted as honorary members, instead of the full membership.

A discussion ensued, pending which a motion to lay the subject on the table for the present was carried.

MISCELLANEOUS BUSINESS.

Dr. S. D. Willard offered the following:—

"Whereas, the medical staff in the asylums at Utica, Auburn, Bloomingdale, Canandaigua, Flushing, Flatbush, and New York city, and the asylum at Binghamton, about to be established, have no representation in this society; therefore,

"*Resolved*, That a committee be appointed to consider the expediency of a statute that shall entitle each of these institutions to a delegate."

Adopted.

Dr. E. H. Parker presented the following:—

"Whereas, the American Medical Association, at its meeting in New Haven in June last, appointed a committee, consisting of one from each State, on the subject of collecting a subscription, not exceeding one dollar from each member of the profession in this country, for the purpose of erecting a monument to the memory of John Hunter, in Westminster Abbey; and whereas, the member of that committee for this State is present at this meeting.

"*Resolved*, That this member be permitted to present the subject before the meeting at this time, and that the book for such subscriptions be now placed in the hands of the secretary of this society, and the amount which they may choose to submit."

The resolution was adopted.

THIRD DAY.

OFFICERS ELECTED.

Dr. Corliss, from the Nominating Committee, read the report, as follows:

President—E. H. Parker, of Poughkeepsie.
Vice-President—A. Van Dyck, of Oswego.
Secretary—S. D. Willard, of Albany.
Treasurer—J. V. P. Quackenbush, of Albany.

Committee of Publication.—Drs. Thomas Hun, S. D. Willard, H. D. Townsend.

Censors.—Southern District—Joel Foster, E. Harris, J. C. Hutchinson. Eastern District—B. P. Staats, T. W. Blatchford, P. McNaughton. Middle District—J. S. Sprague, C. B. Coventry, A. L. Saunders. Western District—A. Thompson, G. N. Bunwell, E. Hall.

Committee on Correspondence.—J. H. Griscom, W. P. Seymour, L. Guiteau, J. Kneeland, M. H. Hasbrouck, H. Corliss, J. G. Orton, J. W White.

Elected Permanent Members.—First District—John G. Adams, John McNulty. Second—C. W. Haight, J. Foster Jenkins. Third—J. V. P. Quackenbush, R. B. Bontecou. Fourth—James Lee, A. E. Varney. Fifth—Franklin Evarts, Austin White. Sixth—C. S. Wood, C. M. Kingman. Seventh—Nelson Niverson, Jos. Beattie. Eighth—J. Northrop, C. C. F. Gay.

Nominated for Permanent Members.—E. H. James, of New York; C. E. Van Auden, of Auburn; S. M. Van Alstyne, of Schoharie

county; —— Stone, of Livingston county; A. G. Purdy, of Madison county; P. Brooks, of Broome county, H. D. Bulkley, H. S. Downs, of New York; H. A. Carrington, of Dutchess county; D. P. Brooks, of Brooklyn; Peter Moulton, Charles McMillan, of Westchester county; A. Crispell, of Ulster county; Taylor Lewis, of Rensselaer county; J. R. Cooper, of Dutchess county.

Elected Honorary Members.—James R. Wood, of New York; Zina Pitcher, of Michigan; D. Crosby, of New Hampshire; P. A. Jewett, of Connecticut; D. Humphrey Stover, of Massachusetts; W. Frazer, of Canada West.

Nominated for Honorary Members.—Prof. T. C. Geoghgann, London; Prof. Jennings, of Nashville, Tennessee; Ashbel Woodward, of Connecticut.

For Honorary Degree of Doctor of Medicine.—Charles G. Bacon, of Oswego county; Charles Barrows, of Oneida county.

Committees on Voluntary Communications.—On Internal Cancer—Alonzo Clark. On Meteorological Phenomena—S. B. Hunt. On Hygrometrical Condition of the Atmosphere—C. A. Lee. On Epidemics—1st District, E. Harris; 2d do. C. A. Lee; 3d do. T. C. Brinsmade; 4th do. A. F. Doolittle; 5th do. L. Guiteau; 6th do. A. Willard; 7th do. E. Carr; 8th do. H. M. Conger.

Delegates to the American Medical Association.—D. P. Bissell, J. Foster Jenkins, Hiram Corliss, E. H. Parker, G. A. Dayton, Joseph Beattie, E. R. Squibb, Thomas U. Blachford, S. O. Vanderpool, Henry S. Downs, T. C. Finnell, A. H. Hoff, S. B. Hunt, Thomas Hun, T. C. Brinsmade, C. S. Wood, C. E. Van Andon, T. H. Hamilton, J. C. Hutchinson, Wm. P. Seymour, Joel Foster, Charles Budd, H. C. Gray, E. R. Peaslie, William Govan.

Delegates to the Quarantine and Sanitary Convention.—John G. Adams, J. H. Griscom, E. Harris, J. McNulty, J. C. Hutchinson, William Govan, Mason F. Cogswell, H. Corliss, J. V. P. Quackenbush, H. Townsend, J. M. Minor, A. H. Hoff, J. G. Orton, J. Ordronaux, S. C. Foster, T. W. Blatchford, S. B. Hunt.

Delegates to the Connecticut State Medical Society.—1st District, Alonzo Clark, Edward R. Squibb; 2d do. S. D. Willard, E. S. Wood; 3d do. John McCall, Daniel T. Jones; 4th do. Hiram Corliss, A. Van Dyck.

The Society then proceeded to an election, when the gentlemen nominated by the committee were elected to the respective offices for which they were named.

PAPERS READ AND SCIENTIFIC DISCUSSIONS.

Dr. Skilton read a paper on "Sub-Peritoneo Pelvic Pregnancy."

Dr. J. M. Sims addressed the Society on "Amputation of the Cervix Uteri, and the substitution of Chromate of Potash for Nitrate of Silver, as an Escharotic."

The thanks of the Society were returned to Dr. S. for his address, and a copy requested for publication.

On the subject of "Simple Extension as applicable to the treatment of all fractures of the long bones," Dr. James R. Wood remarked that extension by pullies and weights had been used in Bellevue Hospital, and discontinued, for what reason he does not know.

Dr. Swinburne expressly says that he deprecates this mode of treatment, for the reason that the only requisite is to extend the limb to its normal capacity, retaining it in position as nearly as possible. This is the intention of the Simple Extension, while the pullies and weights may effect too much by elongation of the muscles beyond their normal capacity. Dr. S. said he had treated about 40 thighs, and about 100 long bones by simple extension, and all with the most happy results, very much better than he could have obtained by the splints.

In company with Prof. Charles A. Lee and Dr. B. F. Henderson, he accompanied Dr. Swinburne and saw several cases of fracture being treated by simple extension, some of which were compound. They seemed highly pleased with the results, so far as they could judge from their limited observation.

A number of papers were presented by the Secretary from members of the Society, which were referred to the Publication Committee.

The Society, after passing the usual resolution of thanks, then adjourned *sine die*.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 16, 1861.

MENTAL HYGIENE AND PUBLIC EDUCATION.

Let no one believe that what Feuerbach has termed the crime against the soul, must always needs have such flagrant examples as that of Caspar Hauser. The class of cases to which the latter belongs are the highwayman's cases, fortunately rare. But there is another class of crime against the soul and mind which counts its victims by thousands and tens of thousands, committed by neglect, carelessness, and a stubborn adherence to an erroneous system; and just as the want of proper physical hygiene and protection of public health has its victims, so a wrong method of education shows its results in numberless cases of crippled, maimed, or murdered minds. Scrofula, with its hip disease, its hunchbacks, its marasmus, is bad enough; but crooked minds and anchylosed intellects are infinitely worse. We are not con-

tending that education is all-powerful in giving shape to the moral and intellectual character of man, any more than we would contend that tuberculosis, for instance, is always acquired. There are innate, inherent, constitutional tendencies and idiosyncrasies. But, as in physical pathology, morbid tendencies may be counteracted, rendered latent, or even eradicated by proper hygienic measures, so with the tendencies of the mind and intellect.

In the methods of instruction adopted in our public schools, the following principle is not sufficiently recognized:

The human mind, the human understanding is limited; its functions and processes are governed by laws, which are analogous and closely related to those which govern other functions and processes of the organism. To stimulate these functions to the greatest extent within NORMAL AND HARMONIOUS LIMITS is the object of education.

Based upon any other principle education may become either a farce or a crime; the former, when it does not injuriously affect the child while not effecting its aim; the latter, when by a false system the mind becomes crippled beyond all possible future repair.

We blame the parents who would, by systematically feeding their children day after day on the most unwholesome food, either in quantity or quality, reduce them to marasmus; yet exactly the same thing is done to the mind and intellect in our public schools, and, indeed, more or less in all our educational institutions.

For example. Do you believe that the brain is unlimited in its capacity for receiving impressions, forming conceptions, and deducing inferences, any more than the stomach is capable of unrestricted repletion? Certainly not, answers the worthy pedagogue. Or is it to be supposed that the brain can be exercised in one particular function or faculty, say, for instance, the memory, at the exclusion of all other faculties, without reacting injuriously upon the whole and enfeebling the other faculties, at the cost of which the memory is abnormally stimulated?

Yet this is the system followed in our schools. The food offered for the growth, development, and expansion of the young intellect is presented in the most indigestible quantity and quality. No regard is paid to the individual capacity of the child; no attention is bestowed upon its power of mental digestion. Memory—memory is the great lever of the system. There are so many pecks, bushels, quarts, pounds, hogsheads, loaves, or what not, of mental food to be devoured per annum—that is, so many questions are to be asked by the teacher, and to be answered by the pupil, by order of the Board. Whether cerebral dyspesia, mental constipation, or ideal diarrhœa, be the unavoidable results, no matter.

"Our division has gone through so many books, so many questions—average very high—we have done a noble work." What would we think of a farmer who were to estimate the beauty and value of his horses by the amount of oats which they consumed per annum. And, oh, learned pedagogues! oh, wise Boards of Controllers! oh, profound Superintendents! is it not by the peck and bushel of questions consumed that you judge your charge, instead of looking at what has actually been assimilated into their intellectual existence? Is it not rather the book-case, the binding of the books, and the number of pages that you look at than that what the pages contain?

A man with a memory for dates may be able to tell the exact time of every historic event, from Alexander the Great to this day, and yet know less of history than one who can remember not a single date. It is not memory—the sentence cannot be too often repeated—that makes true knowledge, but understanding. The WHY, HOW, WHENCE, WHITHER, are the real motor springs of the intellectual organism, and unless education and instruction are based upon these, unless the child is taught to inquire for itself, and think over what it learns, to interpret phenomena, solve questions, all mere memory-knowledge will be of no avail. A man may never have looked at a cadaver, but with a good memory be able to tell you the whole distribution of the fifth pair of nerves down to the smallest ramifications; yet would he be the man to whom you would trust your neck if

you were obliged to have your carotid tied? Or what physician would you rather have to prescribe for you,—the "*memory man*," who has at his fingers' ends five hundred prescriptions from the most eminent authors, out of which, perchance, one might suit your case, or the "*reasoning man*," who never thinks of his prescription until he has got his diagnosis, his indications, which lead him naturally and simply to his therapeutical appliances?

But we must not extend these preliminary remarks too far.

There are essentially two methods of instruction and education. One is the *natural method;* the other the *artificial*, or *unnatural*. The one is in accordance with the laws of mental hygiene; the other violates them, and is followed, like every transgression of the laws of nature, by punishment, as irrevocable as these laws are permanent. The natural method of instruction, to use a clinical illustration, is like the easy reduction of a dislocated limb by manipulation; the artificial method, that of pulleys, ropes, towels, pushing and twisting, pulling and jerking.

Before discussing, however, in detail, the mental hygiene of these two systems or methods of education, and their effects upon the health and disease of mind and body, let us sketch in rapid but bold outlines their general characteristics.

First, the artificial or unnatural method. The child is led to suppose that words have no use but to be *spelled;* that language is especially provided so that we may have grammars; that geography has been especially gotten up for the sake of maps. The child's first association of ideas with a word is "how is it spelled," not its meaning; its first intellectual conception of language is connected with declensions, conjugations, and the soul, the vital spark, the fire of language, is quenched under the cold ashes of the unnatural system; its first ideas of the globe are inseparably associated with an abominably long array of names and definitions, which it must commit to memory mechanically, because it can connect no meaning with them, and the teacher has no time to explain, but only to hear recitals, and to keep his daily record of barometric observations, figuratively speaking, that show, true enough, the amount of pressure, and the clouded state of the intellectual atmosphere in which his pupils breathe.

In the higher walks of instruction that same unnatural system is found. Men must attend lectures on surgery before they have mastered anatomy; pathology, and therapeutics, before they have acquired a fundamental knowledge of chemistry and physiology. The result is, memorizing, "cramming," mechanical study, never inspired with the joys and pleasures of true investigation, and the practice of medicine becomes a miserable routine.

It is, however, at the very commencement of instruction, of intellectual education, that we find the unnatural, the artificial system in its grossest form. The child opens a book and reads: "The letters of the alphabet are signs for certain sounds in speech." Its teacher asks it to spell HOUSE; aitch-o-ewe-ess-ee. The child has been taught that sounds are the elementary, component parts of words; but here it uses fourteen letters or representatives of sounds to analyze a word which really has but three, and if it analyzes the first sound it finds H-Aitch—A-eye-tea-sea-aitch. Now, if the child is taught that the letters of the alphabet are signs for certain sounds in speech and the elements of words, one of two things happens. Either it will know what is meant by these terms "sounds" and "elements," or not.. If the latter then instruction is a failure. And if the former, the child is reminded at every "spelling lesson" that it has been taught a LIE; for the letters of the alphabet, according to this old *unnatural* spelling system, do *not* represent sounds, and are *not* the elements of words.

The phonetic method, the construction of words by their true elementary sounds, should be commenced with, instead of the mechanical a-bee-sea-spelling-system, by which so much valuable time is lost.

We cannot tell what influence upon the intellectual and moral hygiene of children this unnatural system of spelling may have and has had. It continually calls things by their wrong

name; nearly every letter of the alphabet is made a cheat, while every word forms a hiding place for nearly as many lies as it has letters. If the child is thus early taught to think one thing and say another, is it not probable that some of that habit will remain always, after a boy has "ess-pea-el-el-ee-dea" his way through school for six or eight years? At any rate, as the end of all knowledge which education can give is Truth, would it not be well to start *truthfully* in spirit and form?

When we thus see the unnatural method in possession of the remotest outwork of education, we need not be astonished that the further we enter, the more we shall see it removed from its true objects, until we find memory enthroned as supreme tyrannical ruler, while understanding, appreciation, conception, reason, and imagination, lie manacled in the dust, having, though often rebellious, at last succumbed in the vain struggles with annual examinations, rules of boards, the routine of teachers, mechanical recitations, and the other appliances of our so much praised modern education.

JOHN WAKEFIELD FRANCIS, M. D.

(Died February 8th, 1861—Aged 72 years.)

A great and good man has passed away from our midst. One of the last representatives of a glorious race of physicians has gone to his resting-place: John Wakefield Francis is dead; a cloud of mourning is cast over his city, at the loss of him who was one of her noblest sons and citizens; and the profession throughout the country feels deeply that it has lost one of its brightest stars. The loss is felt the deeper, because it came unexpectedly. Though far advanced in years, Dr. Francis was one of those few men whom we can never look upon as old—whose very winter of life seems but a return of the spring time of youth.

The personal, professional, and public history of Dr. Francis is so well known to most, that we need not enter into a lengthy biographical dissertation; a short sketch will suffice.

He was born in New York, in the year 1789. His father, Melchior Francis, was a native of Nüremburg, Bavaria, who had come hither shortly after the establishment of American Independence.

Young Francis at first chose the calling of a printer, like Franklin, whom he personally much resembled. But his inquiring mind led him onward to higher aims. He entered Columbia College, where he graduated in 1809, and received his A. M. in 1812. On leaving college, he entered into the office of Dr. Hosack; and in 1811, received his degree of M. D. from the College of Physicians and Surgeons. His inaugural thesis, on the *Use of Mercury*, attracted much attention, and was translated into German. Very soon after his graduation, Dr. Hosack urged him to unite with him in practice, and this union continued until 1820.

In 1813, at the union of the Faculties of Columbia College and the "Physicians and Surgeons," he was elected Professor of Materia Medica, and successively, in the various changes of this medical school, filled the chairs of the Institutes of Medicine, Medical Jurisprudence, and Obstetrics. He resigned in 1826, and took part in the formation of Rutger's College. For nearly twenty years, he was thus an assiduous and successful professor of various branches.

In the literature of his profession, Dr. Francis has been laborious. In 1810, in connection with Dr. Hosack, he founded the *American Medical and Philosophical Register*. His valuable edition of "Denman's Midwifery," with copious notes and an erudite prefatory history of the art of midwifery passed through several editions. "Cases of Morbid Anatomy," the "Value of Vitriolic Emetics in the Membraneous Stage of Croup," "Facts and Inferences in Medical Jurisprudence," etc., are but a few of his many medical essays and monographs.

He was alike distinguished in the walks of general literature, and especially that of biographical and local history. It is here where his genial nature, his vivid recollection of olden times, and his lifelong intercourse with the most eminent statesmen, philosophers, authors, and artists, enabled him to occupy a position which few men can reach, and rendered his social and literary reunions so famous in literary and artistic circles.

The high esteem in which Dr. Francis was held by the profession can be no better shown than by the fact that he was chosen the first President of the Academy of Medicine of New York; beside numerous literary and scientific societies, he was a member of the London Medico-Chirurgical Society, and, with De Witt Clinton, an honorary member of the Wernerian Society of Edinburgh. He first noted, in a letter from London, June, 1816, the fact of the rare

susceptibility of the human constitution to a second attack of pestilential yellow fever; he was the first therapeutically to employ croton oil, elaterium, and iodine, in this country, and to introduce them to the profession.

But the scientific and literary fame of Francis is too wide spread and well known, to need an extensive notice here. A few words regarding the MAN.

He was generous, noble in deeds of charity, a friend of all in need, and a liberal supporter of educational and charitable institutions. In his convictions, he was earnest, and it was this which gave his opinions decision and individuality that always entitled them to a hearing, and made him eloquent in simple scientific controversy or on festive occasions.

This earnestness of conviction, forming so eminent a trait in his character, was, perhaps, never in his life more strikingly exemplified than during the celebrated yellow fever discussions at the Quarantine Convention, in New York, and in the Academy of Medicine. Well do we remember him, standing alone among his professional brethren, the advocate of the contagiousness of yellow fever, and yet while all around him opposed his views, undaunted and unmoved he followed what he considered his duty, and when, after an extempore address of over an hour, he took his seat, there was not in that assembly one who would not have conceded to him the palm of true eloquence, which is found only where earnest convictions move the mind. How much in this respect did he differ from many, who by rhetorical fanfarades and dramatic action, in vain attempt to do what earnestness and truthful conviction alone can accomplish.

When a physician dies it is but proper that his brethren should be informed of the cause of death. Francis died, it seems, of exhaustion, consequent upon the debilitating effects of a carbuncle, which had been opened. He was conscious to the last, and awaited death with serenity and resignation which his deep religious feelings afforded him.

The immense throng of men of all classes, who paid him the last respect, but showed that one of the men of the age had gone home, whose memory forms one of the land-marks in the history of our profession.

——o——

Personal.—Dr. CALVIN ELLIS has retired from his position as one of the editors of the Boston *Medical and Surgical Journal*. Dr. S. L. ABBOTT takes his place.

THE SECOND DEGREE.

At the recent meeting of the Medical Society of the State of New York, the Committee on Medical Education reported in reference to the second degree. We most heartily agree with all the Committee say in regard to the necessity of a more thorough education, an extension of the term of study, as well as the courses of lectures, more strict requirements regarding a good preliminary education, etc. Yet, we cannot perceive the correctness of the logic with which the Committee oppose the so-called "Second Degree." The two chief arguments are contained in the following sentences of the report:

"As regards the argument of the necessity of a second degree, because of so many irregular practitioners having assumed the title Medicinæ Doctor, to refute it, it will be only necessary to ask why, if the first degree has been so freely seized upon, may not the second and higher degree be equally easy and freely assumed?

"There will be active advancement or elevation of the standard of medicine, unless the reform commence with the course of education itself, instead of with the degrees conferred, which degrees, like the coin stamp, may be impressed upon the base metal as well as that which has the true ring of gold."

In regard to all this, we have to say:

1. The title of Medicinæ Doctor has not only been *assumed* by many irregular practitioners, but it is actually *bestowed* upon them by chartered schools, regular and irregular, according to law. Hence, the question is not one of mere individual "assumption," but of *legislation*.

2. The very fact that "M. D." has been so freely "*seized upon*," and, we may add, *bestowed*, and the impossibility to have a uniform high standard adopted by those who bestow the title, regular and irregular, renders it desirable that there should be a second title, emanating from an incorruptible source, whence it will be impossible to be seized upon so freely, and whence it will not be bestowed except to those who deserve it.

3. The source from which the title should emanate must be impartial, connected with no private or personal interests, be removed from all legislative and political influences, and REPRESENT THE PROFESSION. Such a source would be the American Medical Association.

4. Coming from this source, the higher degree will neither be equally easy and freely assumed, nor will it be unworthily bestowed.

5. The Committee are most unfortunate in their illustrations. The very fact that the coin-stamp may be impressed upon the base metal, and that so much spurious coin is circulating, shows the imperative necessity of having a standard ASSAY OFFICE, which may examine all the coin, and countersign, by the new title, that which has the true ring. We cannot afford to wait till the counterfeiting establishments are all broken up, or the counterfeiters morally reformed. This must be the work of time. Meanwhile, let the American Medical Association establish the "ASSAY OFFICE," and, unless weightier objections are advanced than those of the new York Committee, let us have the second degree.

Correspondence.

MASSACHUSETTS CORRESPONDENCE — STATE ALMSHOUSE — MEDICAL NEWS.

MESSRS. EDITORS:—I proceed to give you the first instalment of an account of our public institutions of Charity, by a statement of the STATE ALMSHOUSE at BRIDGEWATER.

Summary of Inmates.

Number admitted during the year,	1,360
" provided for "	1,854
" discharged, returned, &c.,	1,201
" died, - - - - -	173

Men 107; women 191; boys 113; girls 69.
Average through the year, 579.

Expenditures.

The whole amount expended for support of the institution is, - - - $32,620 53

Amongst the most prominent expenses is that of tobacco, snuff, and pipes, $190 88. The inmates have not only the necessaries, but the luxuries of life.

Medical Department.

Number of males admitted to hospital,	656
" females "	567
Total, - - -	1,223
Number of births:	
Males, - - - - - - - -	30
Females, - - - - - - - -	26
Stillborn, (sex not recorded,) - - -	7
Total, - - - - -	63

The diseases proving fatal, and number of deaths from each, are exhibited in the following table:

Apoplexy,	5	Erysipelas,	3
Brain, inflammation of,	2	Fever, Typhoid,	1
Bright's Disease,	1	" Puerpal,	1
Bronchitis,	1	Gangrene,	2
Cancer,	5	" of mouth,	2
Caries of Spine,	1	Heart, disease of,	3
Consumption,	46	Hydrocephalus,	2
Convulsions,	4	Hemorrhage,	1
Debility, senile,	6	Marasmus,	17
" infantile,	3	Measles,	1
Diarrhœa, chronic,	3	Paralysis,	2
Dropsy,	5	Peritonitis,	3
Delirium Tremens,	3	Pneumonia,	15
Dysentery,	5	Scrofula,	4
Enteritis,	9	Syphilis,	1
Epilepsy,	1	Small-pox,	3
		Scarlatina,	9

Average number in hospital during the year, 130.

There have been twenty-five cases of small-pox, and thirty-four cases of scarlet fever treated in the institution during the year.

The Physician reports that ophthalmia, as in former years, still exists, but a greater part of the cases have been of the scrofulous or cattarrhal variety. No case has occurred during the year, where vision has been destroyed or materially impaired. The whole number of recorded cases is 204, a much larger number than have entered the hospital from any other single cause.

The students of the Boston Medical College partook of their second supper in this course, given by the Faculty at the Revere House, on Saturday evening. There were about one hundred and twenty-five present, and a fine time was experienced by all.

The country physicians of Massachusetts are absorbed in the diphtheria question, now that this formidable disease has shown itself in their midst. Dr. Borden, of North Bridgewater, reports four cases; all resulted favorably under his treatment. H. H. M.

State Almshouse, Bridgewater, Feb. 11th, 1861.

DIPHTHERIA A SPECIFIC DISEASE.

MESSRS. EDITORS:—About two weeks since, I applied a blister to the chest of a child 2¼ years of age, for the relief of a bronchial difficulty. The blister, by being rubbed and otherwise irritated, did not heal readily. On the 3d inst., I discovered a diphtherial membrane over its whole surface. This was removed three or four times, and was as often reformed. Around the diphtheritic surface, was an erysipelatous border of about an inch in width. A small spot of the size of a dime, above the blister, became abraded and took on the membrane with the inflamed border. There was at this time some fever, with

a marked depression of vital force, but *no throat disease* whatever up to the 6th inst. I verified this fact by careful examination of the fauces.

On the 7th, when I visited the child, my attention was called to a swelling of the external glands on the left side of the neck. Upon examining the throat, a universal diphtheria of its organs was disclosed, the membrane extending also into the nasal passages. There was now much constitutional disturbance and great debility. The disease progressed rapidly to a fatal issue, by extension of the membrane into the air passages. Death occurred on the 8th inst., about 36 hours after the first discovery of the throat affection. A young woman in the family was taken with membranous sore throat, while the diphtheria existed in the blistered surface. Other members of the family are at present affected.

STEPHEN WICKES.

Orange, N. J., Feb. 9th, 1861.

NEWS AND MISCELLANY.

The Howard Hospital has now been removed from its old place to its new and more commodious quarters in Lombard street, between Fifteenth and Sixteenth. The prescribing and dispensing rooms are ample, comprising a reception room for patients, a consultation, and an operating room, an apothecary shop, and a private room for the attending physicians, containing the library. In the second story are the rooms of the resident physicians, and in front a spacy lecture room, calculated to hold over two hundred students. The third story will as speedily as possible be fitted up for wards to contain about twenty-five beds.

The number of patients treated in this institution thus far, since January 1st, 1861, is over three thousand.

The staff of the institution at present is composed as follows:

Joseph Klapp, M. D., Diseases of Digestive Organs.

George R. Morehouse, M. D., Diseases of Nervous System.

E. M'Clellan, M. D., Diseases of Women and Obstetrics.

Samuel W. Gross, M. D., Diseases of Genito-Urinary Organs.

J. Aitken Meigs, M. D., Diseases of the Chest.

Laurence Turnbull, M. D., Diseases of Eye and Ear.

Wm. Darrach, M. D., Fevers.

O. A. Judson, M. D., Diseases of Skin.

Chas. Neff, M. D., and D. D. Clark, M. D., Surgery.

Dr. J. Rufus Tryon, and Dr. W. MacNeill Whistler, Attending Physicians.

Ovariotomy.—Dr. COOPER, of San Francisco, reports a case of ovarian tumor, which he extirpated. The patient died in six hours, from hæmorrhage. The same thing has happened to the same surgeon before.

Still They Come!—A new medical journal is to be established at Portland, Oregon, by Drs. Hawthorne and Laryea, Physicians and Surgeons to the Portland Hospital. We wish them success.

Answers to Correspondents.

Dr. C. F. H. Ky.—The American Journal of Insanity, published at Utica, New York, and edited by the medical officers of the New York State Lunatic Asylum, is one of the ablest journals of its class published. We believe it is the only one in this country. There are some excellent foreign journals devoted to mental disease, but it is very expensive to obtain them here.

Dr. A. H. S., Ohio.—There are all sorts of irregular Schools of Medicine here, and the person of whom you speak probably attended one of them. He could attend hospital lectures by procuring tickets, and by concealing his principles; could attend and graduate at any of our regular schools of medicine.

COMMUNICATIONS RECEIVED.

Georgia—Dr. V. H. Taliaferro. *Illinois*—Dr. M. M. Roger, Dr. C. B. Macklay. *Indiana*—Mr. W. E. Chapman, (with encl., for Dr. G. W. Fleming.) *Iowa*—Dr. E. L. Mansfield, (with encl.) *Kentucky*—Dr. J. G. Hatchitt, Dr. Charles F. Hart, (with encl.,) Dr. J. W. Fox, Dr. J. D. Jackson. *Massachusetts*—J. M. Gibbens, Assistant Secretary N. E. Life Insurance Company. *New Jersey*—Dr. A. E. Budd, Dr. G. Tomlinson, (with encl.,) Dr. J. D. Dewitt, (with encl.) *New York*—Dr. H. Sanders, Dr. J. B. Jones, (with encl.,) Dr. J. Swinburne, (with encl.,) Dr. J. R. Wood, (with encl.) *Ohio*—Dr. MacNicholl, (4,) Dr. T. H. Baker, (with encl.,) Dr. S. Wilson, (with encl.,) Drs. Firestone and Robison, (with encl.,) Dr. W. C. More, (with encl.,) Dr. A. Metz, (with encl.,) Dr. J. Schertzer, (with encl.,) Dr. F. H. Uhl, (with encl.,) Dr. J. P. Barrick, (with encl.,) Dr. L. W. Whiting, (with encl.,) Dr. S. A. Robinson, (with encl.,) Drs. K. G. & E. L. Thomas, (with encl.,) Dr. S. M. Kuhn, (with encl.,) Dr. D. Deemer, (with encl.,) Dr. H. Culbertson, (with encl.) *Pennsylvania*—Dr. J. W. Rhoads, (with encl.,) Dr. B. F. Shannon, Dr. W. C. Roney, Dr. J. C. Happersett, (with encl.,) Dr. P. Leisenring, Dr. J. Winans, (with encl.,) Dr. E. G. Martin.

Office Payments.—Bullock & Crenshaw, (adv.,) Dr. C. L. Martin, (Pa.,) Dr. J. Shrack, (Pa.,) C. L Trumbower, Dr. Collins, Dr. W. T. Robinson, (Pa.,) Dr. J. Anderson. By Mr. Swaine: Drs. J. McAvoy, Bannan, Hoffman, Harper, Ludlow, and Hon. Wm. B. Mann.

PRACTICAL COURSE OF INSTRUCTION IN URINARY PATHOLOGY. By JOHN W. LODGE, M. D.

Dr. Lodge will commence a Course upon the above-named Subject, about the FIRST OF APRIL, to continue until the FIRST OF JULY, embracing a Series of TWENTY LECTURES and PRACTICAL DEMONSTRATIONS.

The object of the Course will be to extend an opportunity to those desirous of becoming familiar with the Chemical Physiology of the Urine, its various Pathological Deposits, their Microscopic Characters, Diagnosis, and Therapeutical Indications.

Arrangements have been made by which specimens of the most important urinary deposits occurring in the several hospitals of the city can be obtained.

For further information apply to

DR. J. W. LODGE,
No. 123 South Seventh Street

Fee for the Course $10,00

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 227. } PHILADELPHIA, FEBRUARY 23, 1861. { NEW SERIES, VOL. V. NO. 21.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M. D.,

Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 38.

Faucial Region—(*Continued.*)—A slightly purulent secretion sometimes issues from the tonsillar recesses, requiring habitual efforts to dislodge on the part of the patient, as evinced by the frequent clearing of the throat. This same secretion may become more consistent and inspissated, until it blocks up the follicular depressions of the organs with a *cheese-like* material. These are sometimes dislodged in masses, which constitute very accurate casts of the follicles. Occasionally they are so impacted that escape is impossible, and the retained matter undergoing decomposition, imparts a very unpleasant odor to the breath. The removal of such can be effected by pressure exerted directly upon the tonsils. In all these chronic affections of the throat, involving the follicular apparatus, a peculiar odor emanates from the mouth, so different from that which proceeds from diseased teeth, that the experienced physician will never mistake it; and, while there are cases in which the constitution gives no very conclusive evidence of implication, yet, it is difficult not to believe that in all, there is behind the local manifestations, a constitutional vice, of which the former are only indications. This will appear still more probable, when it is considered that without general medication local applications yield very unsatisfactory results. At least such is my own experience. There are certain eruptive diseases which manifest a marked predilection for the fauces, such as syphilis, scarlatina, and variola; and which may exist in various degrees of intensity, from a very slight inflammation to that of ulceration and even mortification. In the last two, the secretions will be profuse, intermixed with dark blood-corpuscles, in consequence of a serious alteration in the constitution of the blood. No cases demand so imperatively the exhibition of stimuli and nutriment. The debility and prostration which has been alleged to result, in children especially, from the fetid secretions passing into the stomach has, probably, no foundation, though they may excite diarrhœa.

There are other inflammations of the fauces which are followed, or attended, by a membranous exudation, such as *aphthæ* and *diphtheria*. The first has been noticed in a former paper. The latter, prevailing to some extent in the city of Philadelphia, and in many parts of the country, during the present winter, invests the subject with no small interest. It is no new disease, as tolerably clear descriptions of it may be found among the writings of ancient medical authors. It is not my province to pronounce on its contagious or non-contagious nature. Its visible pathological features consist in redness and slight swelling of the fauces, involving the arches, soft palate, and tonsils; after which there appears upon the inflamed surface an exudation, the color of which may be dark white, gray, ashy, or yellow; the consistence of which differs greatly, from that of cheese to tough membrane. It may extend into the air pasages and rapidly destroy life. Its detachment reveals a superficial excoriation, which, in cases of recovery, may leave a contracted or shriveled state of the parts. This is due to the superficial layer of cicatricial tissue which is produced, the contraction of which causes the appearance in question. In the same way we see cases in which the tears have been flowing for a time over the eyelid excoriate the skin of the cheek, leaving a very slight ulcera-

Fig. 34.

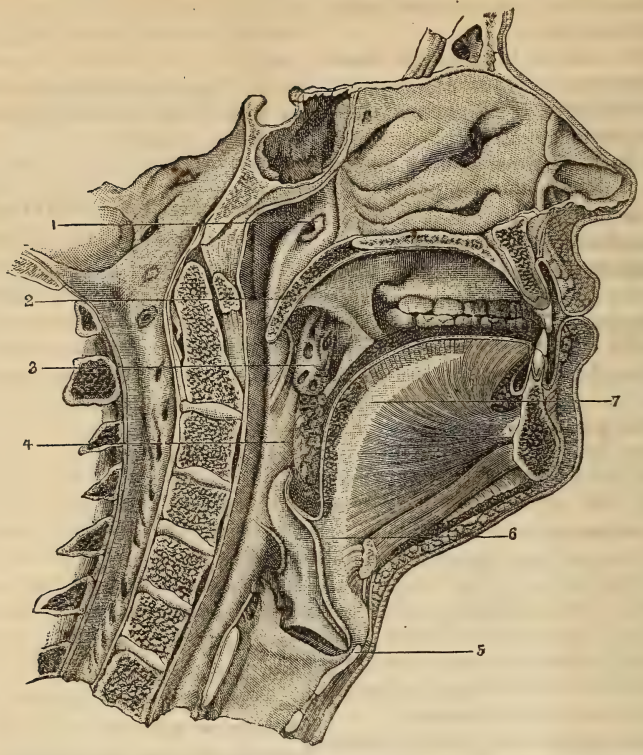


Fig. 34. Exhibits a vertical section through the base of the skull, nasal cavities, hard palate, soft palate, mouth, pharynx, part of the œsophagus, the larynx, and spinal column. The figures point out the following as the most important objects: 1. Orifice of Eustachian tube. 2. Soft palate and uvula divided. 3. Tonsil, with a palatine arch in front and behind. 4. Middle of pharynx, in front of which is the root of the tongue. 5. Ventricle of the larynx. 6. One half of the epiglottis cartilage, at root of tongue, connected to it by the frænum. 7. The tongue.

tion, and which, when healing, may contract to such an extent as to produce injurious deviation from the normal condition of the parts. That the source of all the phenomena of diphtheria is to be sought for in the condition of the nervous system and blood there can be but little doubt.

Malignant disease of the tonsils is very rare. Titillation of the fauces will excite strong expulsive efforts, and even vomiting. The nervous connections between the stomach and fauces, explanatory of this, are the branches of communication between the fifth pair and pneumogastric.

A knowledge of such sympathy may be used with great advantage in exciting expulsive acts to get rid of the faucial and pharyngeal accumulations of children laboring under anginose affections, and where the administration of emetics would be productive of harm, both by their irritating and depressing effects.

The extreme sensibility of the fauces will suggest the propriety of not touching any part of its walls when instruments are to be carried beyond. The ability on the part of the surgeon to educate this region to tolerate the contact of instruments is well known, and is regarded as a necessary preliminary measure where tedious operations are contemplated.

Pharyngeal Region.—Behind the fauces is situated a large sac, the pharynx. It rises up as high as the basilar process of the occipital bone, on a level with the superior part of the posterior nares, descends as low as the fifth piece in the cervicle division of the vertebral column. Posteriorly it rests against the bodies of the first five cervical vertebræ, and, anteriorly is bounded from above downward by the posterior nares, soft palate, fauces, and larynx.

The superior is the most expanded part; its size gradually diminishes to its termination, where it joins the œsophagus.

The most important communications with it are the Eustachian tubes, posterior nares, mouth and larynx, and œsophagus.

Structure.—The walls of the pharynx consist of muscles, aponeurosis, and mucous membrane, well supplied with blood-vessels and nerves.

At the root of the tongue stands the epiglottis, and connected to it by three folds of mucous membrane the "*glosso-epiglottidean*" folds. On either side of the middle one, which is termed the frænum epiglottidis, is a pouch of some depth. Immediately behind the epiglottis is the entrance to the larynx or *glottis*, which loops up with the pharynx. The form of its aperture corresponds to the shape of the epiglottis; the latter, when brought down upon it, answering as a lid.

The soft palate projects from its attachment to the posterior limit of the hard palate, not only downward, but backward toward the posterior wall of the pharynx, in this manner extending somewhat over the orfice of the larynx. Both the nasal cavities, and the mouth pass into the pharynx as inclined planes, rendering the portion opposite these openings narrower than either that above or below. The pharynx measures about four and a half to five inches in length; from side to side its diameter is greater than from before backward.

The Eustachian tubes open into the anterior and upper part of the pharynx, a short distance behind the outer wall of the middle nasal meatus.

Pharyngeal Muscles.—The muscles proper of the organ are called constrictors, and named from the relative attitudes, inferior, middle, and superior constrictors.

The *Inferior Constrictors* arise from the sides of the cricoid and thyroid cartilages; their fibres run upward and backward, and join in a posterior median line, the "*raphé.*" Many of the ascending fibres overlap the muscle next above.

The *Middle Constrictors* arise from the greater and lesser cornua of the hyoid bone and the stylo-hyoid ligaments. From these attachments their fibres diverge, some passing down to be overlapped by the upper portions of the inferior constrictors; others pass directly back, and others again up to overlap the superior constrictor, all of which are inserted into the posterior raphé.

Superior Constrictors arise from the lower part of the pterygoid process of the sphenoid bone, pterygo-maxillary ligament, and a small part of the posterior portion of the alveolar process of the inferior maxillary bone. They are inserted into the posterior raphé, and also the pharyngeal spine of the basilar process of the occipital bone. These superior attachments are deficient in muscular fibres, being effected principally by fibrous membranes.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. Palmer, M. D.,

Of Zelienople, Pa.

(*Concluded from page* 530.)

Metallic sutures are most generally used. They are placed alternately, one superficial, and only including the skin; the other penetrating deeply into the wound, so as to enclose the aponeurosis of the muscles. M. Wells finds an advantage in piercing the peritoneum, even with the borders of the wound, in order to close this as completely as possible, and to hinder the pus about to be secreted from being introduced into the cavity of the abdomen.

The lower sutures pierce the extremity of the pedicle, which is thus very securely maintained at the surface of the abdomen. The dressings are made in different modes. Most surgeons apply strips of diachylon. M. Langenbeck enveloped his patients in wet bandages or cloths. M. Wells places merely a large cataplasm over the abdomen. This part of the treatment does not appear to have exerted much influence on the ultimate issue of the operation.

The same seems, however, not the case with the precautions to be taken after the operation. Formerly, surgeons sought to prevent peritonitis, the most eminent of dangers, by administering opium in large doses; but now they seem to fear the inconveniences resulting from the abuses of this drug much more than they rely upon its prophylactic virtues.

Opium is given only in such quantities as suffice to obtain constipation for a few days, and this is more frequently effected in the form of suppositories. Bits of ice are given to be sucked. If sinking should supervene, English surgeons make a very liberal use of wine or brandy, without apprehending that the excitement produced by these stimulants may provoke peritonitis. If the first days are passed

without accidents, a light diet is permitted. A mild injection is administered, as a laxative, towards the fifth day; the pins are removed about the eighth to the tenth day.

Cicatrization of the wound takes place very promptly in fortunate cases. Fifteen days to three weeks suffice, often, for its completion. Astonishment is usually expressed in witnessing with what rapidity women, operated upon, recover their health and strength, when they have traversed, without disaster, the first days that follow the terrible trial. A few weeks since, for example, I addressed a letter to an English lady, aged fifty-three, from whom I know that Dr. Wells had removed a multilocular cyst, very voluminous, Oct. 16, 1860.

The 22d November this lady informed me, in a detailed letter, of the principal circumstances connected with the history of her disease and the operation she had just undergone. She assures me that she is perfectly cured, and that she attends to all her domestic occupations. We can see in her a picture of what takes place in the successful cases. But when, on the contrary, grave accidents succeed the operation, but few hours are passed and we find ourselves face to face with a corpse.

The causes of danger, or of death, in a great majority of cases, are:

1st. The shock—the rapid sinking.

2d. Acute Peritonitis.

3d. Hemorrhage.

In the 131 fatal cases of ovariotomy, examined by Dr. J. Clay in reference to the causes of death, he found the termination had been effected in 64 cases by peritonitis, in 25 cases by collapse, in 24 by hemorrhage, 16 by long suppuration, and 2 by tetanus. In 10 other cases death was caused by affections not directly traceable to the operation.

In these 131 cases death has supervened in 25 cases during the first twenty-four hours after extirpation, in 32 cases during the second day, in 18 cases during the third, 10 during the fourth, 9 during the fifth, and 11 during the sixth. The period of the fatal issue in the 28 cases remaining, is distributed between the seventh day and the tenth week. In these 28 cases 19 reached from the seventh to the fifteenth day after the operation.

We are then authorized to say, generally, that the issue, whether it be fortunate or unfortunate, is promptly realized. In the study of the cases, it is seen that *sinking* occurs in the first hours, and this and hemorrhage are the causes of the most sudden deaths. The pulse sinks, the skin becomes cold, and death supervenes without any abdominal pains. Autopsy manifests no lesion.

Death by hemorrhage is that which the manner of securing the pedicle externally is best calculated to evade.

Acute peritonitis appears here, as always, with formidable violence. When it comes on with great pain, much tympanitis, repeated vomiting, a fatal issue is very near. The anatomical lesions do not offer anything peculiar in ovariotomy. (Vide case 6.)

There is more hope from remedial interference when, instead of that vehemence of symptoms announcing extensive peritonitis, the inflammation is circumscribed; many patients, threatened very seriously in this way, have recovered.

The adjoined case forms a very interesting example of a recovery under these circumstances.

Case 9.—Mademoiselle K., aged thirty-four years, recognized, four years since, the presence of a tumor in the abdomen, which has increased constantly since that period. Her general health has gradually declined. She was admitted under the service of M. Langenbeck, in the Charitè at Berlin, November 4, 1852.

The abdominal tumor, equalling in size a gravid uterus at term, was manifestly movable and fluctuating; it was decided to be an ovarian cyst, and the patient demanded expressly to be relieved of it.

The 5th November, 1852, having previously prepared the system by *Oleum Ricini*, M. Langenbeck proceeded to the extirpation of the tumor. He made an incision of two and a half inches along the *linea alba*. The tumor was laid bare to that extent, and punctured. There were discharged about 10 litres of yellowish serosity. A portion of the sac was drawn from the wound, and the remainder of the fluid discharged by incising the walls. Then the extraction was completed. The sac was retained by a thin, short pedicle. The wound was immediately closed from above, toward the inferior angle, in which was the pedicle, by four points of suture, not implicating the peritoneum; this done, the pedicle was pierced by the last stitch, which served the purpose of dividing it into two portions, and holding them; the ends of the threads were afterwards passed through the borders of the wound, answering at the same

time for the inferior suture, and as a means of fixing firmly the pedicle. Finally, this was seperated a little beyond the surface of the wound. The patient was then enveloped in a large piece of cloth wet with cold water. Abdominal pains, felt principally in the left iliac region, came on almost immediately after the narcotic action of the chloroform had passed away. The pains without being altogether continuous, became more and more intense. Patient ordered V. S. and morphia, in repeated doses. Great improvement, and slept till morning. Light abdominal pains reappeared the next day; her general state, however, was good. Morph. and enema of decoct. anthem. nob. During the following fifteen days there was constantly some tympanitis and dull pain. In the mean time the patient ate a little, slept, and the centre of the wound commenced to cicatrize. This was not the case with the superior and inferior portion. December 2, issue was given through the lower angle, to a large quantity of pus coming from the cavity of the abdomen itself. During the succeeding days a gum sound was introduced into the belly, to facilitate the discharge of pus. In the course of December this deep-seated suppuration had ceased. Pressure of the abdomen no longer caused a discharge of pus from the portion of the wound still open. Dec. 23, the patient got up for the first time, the wound being almost completely closed. On the 27th symptoms of intestinal obstruction occurred; the obstruction existing in the small intestines; there was vomiting, but not stercoraceous. Tobacco injections brought away masses of hardened fæces, and all of the unfavorable symptoms had disappeared by January 2d. The 8th the patient left completely cured. According to M. Simon, this woman was in good health and robust in 1858.

Tetanus has also been observed among the sequelæ of ovariotomy. Thus Dr. Humphrey, who has performed the operation three times, and had one recovery, has lost one by tetanus and one by hemorrhage. Tetanus attacked the patient on the 9th day after the operation, and whilst she was considered convalescent.

Dr. Spencer Wells, in twenty operations, has twice had to combat tetanus. One of these died, and the other was saved under circumstances so curious, that a brief report of the case will be justified, before I terminate these observations.

Case 10.—October 6, 1859, M. Spencer Wells performed ovariotomy on a woman of forty-one years. The operation was performed as in the preceding case; the tumor removed was a compound cyst; one of its cavities containing 7 litres of fluid, the solid mass weighing 27 pounds. The epiploic adhesions were the only resisting ones, and in separating them four vessels had to be tied. The pedicle was retained in the wound by means of the compressor. The patient was doing so well, after the operation, that nothing was required after the first few days but a few drops of laudanum and the application of a cataplasm to the wound. The latter united by the first intention, except the inferior portion, where the pedicle was maintained. The 14th day the patient could be placed on a sofa, only a portion of the surface of the pedicle suppurating at this time. The next day she suddenly experienced a sensation of constriction in the throat, and a difficulty in opening the mouth. The next day symptoms of tetanus, limited to the muscles of the jaw and nape of the neck, were evident. Respiration was still normal, but deglutition was impossible. The dental arches could not be unlocked.

Dr. Wells proposed to employ the *Curare* (Americanice, *Woorara*) to combat this affection. Two grains of the *Curare* were dissolved in an ounce of distilled water, and 30 drops of the solution applied to the suppurating pedicle still remaining in the wound. Far from being improved, the state of the patient became worse, she having many convulsive attacks. In the evening 20 drops of this solution were injected into the cellular tissue, in the region of the left maxillary angle. This operation was followed by a new attack of convulsions, attended with a suspension of respiration for some moments, but the affection diminished in intensity from the moment this attack had ceased. The next day her mouth could be opened; some stiffness of the jaws remained, however, for eight days, when it gradually and entirely disappeared. On the 19th, the wound was completely cicatrized, and the patient had wholly recovered from the attacks. This lady has continued very well since, and on November 2d, 1860, she was delivered of a child, at term, by Dr. Ridsdale. Nov. 21st, she had perfectly recovered from the effects of her confinement.

Are we to conclude, because some cases of tetanus following ovariotomy have been observed, that this operation specially predisposes to this terrible complication? The statistics

on this subject, rather scanty, can obviously afford no definite answer; yet, as this accident has twice occurred in the practice of one surgeon, limited to twenty cases of extirpation, we must reserve our opinion on this subject.

In summing up this rapid examination of the causes of death after extirpation, we find that the fatal issue is almost always determined by collapse, peritonitis, or by hemorrhage. We have already arrived at the knowledge of avoiding hemorrhage, and we have been able to acquire the conviction that peritonitis is not an infallible consequence, and, perhaps, we shall be able to discover the causes that originate this accident, and yet diminish thereby the dangers of the operation.

The object assigned to our task is attained; not that much more might not be added to what has already been said, without transcending the region of facts; nor that from another standpoint we might not have been able to view, with a very different train of ideas, the subject of ovariotomy, embracing, as it does, the most arduous problems of morality and of medical responsibility.

But I proposed to myself, at this time, the special object of recalling, that at our very doors, surgeons, well known, whose conduct we can trace and watch, have, whether right or wrong, made themselves liable to the charge of risking perilous operations, repugnant to our feelings; that they announce remarkable successes, the reality of which is easily confirmed, and who, in order to disarm suspicion, ever roused by the marvelous, have pledged their honor to scrupulously signalize their failures, and who, watched by attentive opponents, could not be disregardful of what they said without having been made the objects of a severe and public judgment; thus, we see that there exist at least valuable and serious reasons for research.

If my investigations have been imperfect, if, in spite of my earnest and sincere efforts, my confidence has been betrayed by a mirage, some others will be, perhaps, more skillful in arriving at absolute truth; but we may at least entertain the hope that persons will not deny, until they have examined.

If, on the contrary, an assiduous observance of facts shall overthrow suspicion, and establish the legitimacy of success, we may save, without doubt, some day, in our country, some lives by ovariotomy.

Thus far our author.

It now only remains for me to add the opinions of members of the French Academy of Medicine, referred to by Dr. Jules Worms, in his "Observations on Extirpations of the Ovary." (*Page* 333 *of the Translation in the* Reporter.)

M. Malgaigne—There has been much discussion in America, and in France, on the extirpation of ovarian cysts—an operation that appears to me too radical, and one of such a nature as to put women too completely beyond all control. For the statistics adduced we care nothing. We all know what statistics are worth, in which are collected all the successful cases, and not any of the reverses.

M. Cruveilheir—There is no curative treatment for multilocular cysts, as the only means that could cure is extirpation; and, though ovariotomy may have been, in some degree, inspired by the isolated cyst, and the complete integrity of the surrounding organs, and by the facility of the operative process, and though it may have been performed, many times, with success, in England and America, yet I cannot think this bold operation should be granted the "freedom of the city" in France. Success does not justify, always, foolhardy enterprise.

M. Huguier—In spite of statistics, we would reject extirpation absolutely.

M. Jobert—Extirpation is a dangerous operation that should rarely find application.

M. Velpeau—The extirpation of the diseased ovaries is a frightful operation, which ought to be proscribed, even if the cases announced were real.

M. Moreau—I think this operation should be ranged among the attributes of executors of great deeds.

M. Cazeau—Finally, is there nothing better to be done in these unfortunate cases than the abandonment of patients to certain death? I wish barely to touch on this question, for I know my answer will encounter within these walls but little sympathy, and, in order to justify it, I should be obliged to enter into explanations too lengthy. Yet, I am not willing to quit this tribune, without protesting against the species of anathema lanced by many against extirpation of the ovaries. Before proscribing an operation we should examine it, and we have not sufficiently examined this.

——o——

Anatomical Pun.—Why is the ulna sometimes called the "*funny bone?*"

Because it is so near the *humerus.*—*Vanity Fair.*

Cough and Expectoration: Their Importance as Symptoms of Pulmonary Tuberculosis, with Remarks on the Diagnostic Value of a Microscopic Examination of the Sputum.

By A. P. DUTCHER, M. D.,

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Cough and expectoration are among the earliest symptoms of phthisis that attract the attention and awaken the fears of the patient or his friends. At first, it is generally slight, occasional, and dry. It occurs mostly upon the patient's getting out of bed in the morning, or if he makes any unusual exertion in the course of the day. It feels to him as if it was caused by irritation about the throat. Sometimes it will cease for a while in warm weather, and recur in cold. By degrees it begins to be troublesome at night, and attended with more or less expectoration, and, as the disease advances, it becomes one of the most painful and annoying symptoms connected with the malady; teasing the victim of consumption by day and disturbing his slumbers by night, he sometimes longs for death to terminate his sufferings.

In the earliest stage of the disease, the cough is either quite dry, or attended by a mere watery, or slightly viscid, frothy, and colorless fluid. This, on the approach of the second stage, gradually changes into the opaque, greenish sputum, intermixed with small lines or fine streaks of a yellow color. At this period, also, the expectoration is sometimes intermixed with small specks of a dead white or slight yellow color, varying from the size of a pin's head to that of a grain of rice, and which have been compared by some writers to that grain when boiled.

After the complete evacuation of a tubercular cavity, the expectoration assumes various forms of purulence; but it frequently presents a particular character, which is almost invariably pathognomonic of phthisis. The expectoration, to which I allude, consists of a series of globular masses, of a whitish color, with a ragged, woolly surface, and somewhat like little rolled balls of cotton or wool. These commonly, but not always, sink in water. At other times in the cases in which these globular masses are observed, and also in those in which they have not appeared, the expectoration presents the common characters of the pus of an abscess, constituting a uniform, smooth, coherent, or diffluent mass, of a greenish or rather grayish color, with an occasional streak of red, and shortly before the final termination of the disease, it is often surrounded by a pinkish halo; and, indeed, death always follows in a very few days when the sputa assume this color.

As to the quantity of expectoration, very much will depend upon the stage of the disorder and the progress it has made. In the first stage, as we have already observed, it is absent or quite scanty, but as the disease advances, it becomes more copious. If the vomicæ are small, and the bronchial membrane and glands not much affected, it will be scanty, but if they are large and numerous it will be more abundant. When it is very copious it becomes a very serious drain upon the system, and soon exhausts the vital forces, and no doubt tends greatly to keep up that state of the system upon which the malady depends.

The following table, compiled from Dr. Thompson's Lectures on Consumption, shows the age of the patient, daily quantity, and character of the expectoration, in nineteen cases of confirmed phthisis:

No.	Age.	Daily quantity.	Character.	Stage.
1	29	4 ounces.	Purulent, frothy.	2
2	46	4 "	Mucous, frothy.	1
3	46	4 "	Mucous, frothy.	1
4	32	10 drachms.	Purulent.	3
5	17	2 "	Purulent.	2
6	33	1½ ounces.	Muco-purulent.	2
7	16	None.	None.	3
8	18	None.	None.	1
9	21	3 drachms.	Purulent.	3
10	21	½ ounce.	Mucous, frothy.	1
11	29	1 "	Frothy.	1
12	25	4 "	Muco-purulent.	2
13	27	4 "	Muco-purulent.	3
14	13	4 "	Floculent.	3
15	18	1½ drachs.	Mucous.	1
16	29	1½ ounce.	Frothy.	1
17	29	2 ounces.	Purulent.	3
18	20	None.	None.	3
19	34	3 ounces.	Purulent.	3

By the above table it will be seen that it is only in the third stage of phthisis that we have the purulent expectoration, and this is generally regarded as indicative of vomicæ. Hence, some writers in treating of this malady, have made it a very nice point in their diagnosis to distinguish between mucous and purulent expectoration. The records of medicine abound with pus-tests, which, at the present time, are of little value, except as showing the slender foundation upon which they were based. They

were formed for the most part on the chemical relation of the pus corpuscles toward various reagents. But the microscope has rendered all the chemical tests superfluous. It enables us not only to distinguish pus from mucus, broken epithelium, blood, etc., but likewise to determine the amount of these different substances which chemical analysis has never succeeded in doing.

Let us, therefore, take a brief view of these two fluids, and see if we can gather anything from them that will help us any in making out our diagnosis as to the existence of the disease and its progress.

Pus, when pure, appears to the naked eye as a creamy, thick, and homogeneous fluid, communicating an unctuous feeling when rubbed between the fingers; is of a yellowish tint, sweetish or insipid to the taste, and while warm gives off a peculiar, mawkish smell. Its specific gravity is 1.030 to 1.033. If allowed to stand sometime in a tall, narrow glass vessel, the fluid separates into a thick sediment, more or less abundant, and a supernatant serum. This, according to Vogel, is identical with the serum of the blood, containing much albumen, extractive, saline matter, and fat. The reaction is alkaline, but it readily becomes acid, from the generation of an acid which is commonly supposed to be lactic. In some cases it is said to have an acid reaction even at the time of its formation.

This sediment consists almost entirely of small organized corpuscles, the well-known PUS-GLOBULES. These are of a spherical form, have a well-defined contour, formed by a distinct homogeneous envelope, inclosing a mass of soft, granulous substance, and a varying number of nuclear corpuscles. They are in well-formed pus-globules for the most part concealed by the surrounding substance; but in the younger cells of healthy pus, and in all those of pus of an inferior kind, they are very perceptible. Occasionally a single nucleus exists, but more commonly it is made up of two, three, or more large granules.

The single nuclei are always the largest, and indicate the most perfect kind of development. The more numerous the nuclear corpuscles, the less perfect the development. The nucleus is generally seated on the envelope. Its diameter is about 1-6000 of an inch; that of the entire globule about 1-3000. Single as well as compound nuclei are seen floating in the serum of pus, but they are not very numerous. There is generally a small quantity of diffused granular matter mingled with pus-globules. This is more abundant in pus of a low development. It must not, however, be confounded with the elementary granules, which are originally discrete, and, consequently grouping together, constitute the nuclei.

Fig. 1. Pus-Globules.

The formation of the pus-globules does not appear to take place in one uniform manner. The nucleus is generally stated to be formed by the grouping together of the granules, which appear in a fluid blastema. Around this there may be formed, first the envelope, closely embracing the composite mass, so as only to be brought in view by the endosmotic action of water, or a granulous deposit formed around the nucleus, which afterward becomes limited and inclosed by a cell-wall.

MUCUS may be looked upon as consisting, like pus, of a fluid, the *liquor muci*, and *corpuscles*. The liquor muci, as we find it in the secretions of a membrane which has been subject to moderate irritation, is a transparent, tenacious, more or less stringy fluid, of alkaline reaction, and more or less saline in taste. The addition of acetic acid, or any other weak acid, produces a kind of coagulation, and the formation of a granular precipitate, which is the MUCINE, the principal constituent of the fluid. This is held in solution by an alkali, and consequently falls when the latter is taken up by an acid. Not much is known of this substance, except that it is a protein compound. The proper corpuscles of mucus are said, by some writers, to be identical with those of pus. But they are not, except in specimens of a very morbid character. Healthy mucus, as it is seen under the microscope, is composed of epithelial cells — flat, irregular, fine-sided, and with central nucleus; with numerous granular masses, and a few spherical bodies, very much like pus corpuscles, except that they contain much fewer oil globules, and these are suspended in a viscid, ductile

fluid. Under inflammation there is an increased exudation of albuminous liquid; the epithelium cells are, perhaps, shed more quickly before they have been flattened out; the quantity of globules is greatly increased, and they acquire a character which resembles very much the pus-cells, but are easily distinguished from them by their irregular form, as illustrated in figure 2.

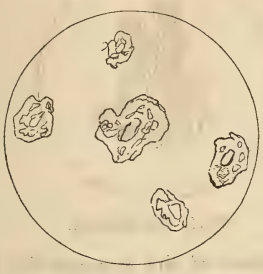

Fig. 2. Mucous and Epithelial Cells.

As to the origin of pus and mucus, pathologists all agree in the opinion that they are both exudations; but the one is poured out directly from the blood-vessels, as an albumino-fibrous blastema, in which special corpuscles (the pus-cells) are formed; the other transudes not only through the capillary walls but through the basement membrane of mucous surfaces, with more or less of the attached epithelium, and in so doing experiences a peculiar modification, which remains impressed upon it, while the corpuscles mingled with it are the natural cell-growth of the surface, or such as form naturally in blastemata, that are destined to become effete.*

But I think I hear some one ask, "Is there any particular appearance of pus, as observed by the microscope, which is pathognomonic of pulmonary tuberculosis? We think there is. And in making this answer, I am fully aware of the fact that some of our most scientific physicians have pronounced to the contrary. Read what Dr. T. Thompson says, in his Lectures on Consumption, in relation to this subject: "In the way of diagnosis, as derived from the sputa, I fear you will not find the microscope aid you much. Now and then the presence in the expectoration, of fragments of bronchial tubes or pulmonary structure, may furnish evidence of disorganization. I could, indeed, give you an instance in which the existence of advanced phthisis was thus detected, on the examination of a drop of expectoration sent from a distance, and microscopically examined, but at the advanced stage of the disease; other conclusive signs are usually present, and yet the microscopical testimony may prove insufficient."

In seeking for evidence of tubercular disease in the sputa, microscopists have sought for the uncommon products, which are but rarely found; such as brochial tubes, areolar and elastic tissue, and crude tubercular matter. (See Fig. 3.)

Fig. 3. Tubercular Matter.

In this we think they have erred. If they had confined themselves more particularly to the study of the common constituents of purulent matter, they would have discovered some things at least that would be of use in determining the state of the pulmonary organs.

The chief characteristic of tubercular pus consists in the presence of withered pus-cells. Whenever these are found in the sputa, we may infer the existence of disorganizing disease. As a general thing, they are much smaller than the ordinary pus-cell. Their nuclei, under a magnifying power of 450 diameters, look shriveled, and the cell-wall shrunken, and not very clearly defined in outline. In figure 4, they are imperfectly illustrated. The preparation was made from the sputa of a young woman in the second stage of phthisis. (Fig. 4.)

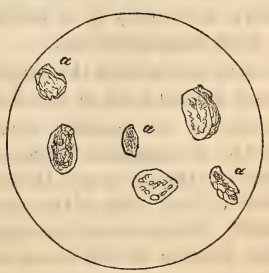

Fig. 4. Withered Pus-Cells.

* See Vogel's Pathology, American Ed., page 135.

In simple bronchitis or pneumonia, I have never yet found these cells in the sputa. In pneumonia they always assume the appearance of the healthy pus-cell, and it will only be in some very rare case that you will see the withered cell, when it is not associated with tuberculosis. The grade of inflammation must be very destructive, and the patient's vital powers very feeble, if they are found at all in the expectoration. In bronchitis I never saw them but once, and this was in an old lady of very feeble health; she had had the disease for three years, and I have not the least doubt, if an examination of the chest had been instituted after death, tubercular disease would have been found associated with the bronchial, although there was no evidence of the kind, during life, from either percussion or auscultation.

Let the sputum, therefore, in all doubtful cases be very carefully examined, let every thing in relation to it be carefully noted, and it will aid us very much in making out our diagnosis. I will relate one case, wherein I was much assisted by the use of the microscope, and a knowledge of the facts just described.

May 2, 1857. Mrs. A., aged 27, called this morning, at my office, for advice. Has been married five years, and has had two children. Her temperament is nervo-sanguineous. Height five feet six inches, and weight 125. Has always had good health until four weeks since, when she took cold, and was confined to the house for five days, since which she has suffered from an annoying cough, accompanied by considerable expectoration. Pulse 85; respiration 18. Mouth and throat healthy. Thompson's gingival margin not present on the gums. No fever; appetite good; bowels regular; menses regular and abundant. Rests well at night, with the exception of occasional spells of coughing. Complains of weakness on rising in the morning, but is able to attend to her usual household duties. Her general symptoms do not indicate any serious organic disease; there is no apparent emaciation, and her mind is hopeful and contented. Her chest is full and capacious, and the expansion of the two sides are equal. On percussion no dullness is elicited, and auscultation reveals nothing abnormal; the respiratory murmurs are distinct and clear, and no increase of the vocal resonance. Along the track of the upper bronchia there is slight vibration, accompanied with mucous rhonchi. From these indications the disease was set down as simple bronchitis, and she was ordered to use croton oil as a counter-irritant to the chest, and take a teaspoonfull of the following three times a day:

℞. Morph. sulph., gr. i.
Sp. nit. dulc. f. ℥ ss.
Syrup. scillæ com. f. ℥ jss. M.

May 12. Patient called again. Cough no better. Complains of being weaker, and does not rest so well at night. Percussion and auscultation elicited nothing new. She was directed to continue the treatment, and forward all matter expectorated during the next twenty-four hours.

May 14. Received matter as directed above. Quantity, by measurement in graduating glass, 3½ ounces. In appearance it was muco-purulent, slightly viscid and frothy; in color, a faint yellow. When examined with the microscope, it exhibited the ordinary products of muco-purulent matter, interspersed with quite a number of withered pus-corpuscles, and shriveled nuclei, without scarcely a vestige of a cell-wall. They are imperfectly illustrated in fig. 4—a. a. a.

From this appearance of the sputa we were led to change our views of her case. The bronchial trouble was evidently complicated with tuberculosis. She was, therefore, placed upon the use of iodide of potassium and cod-liver oil, with a generous diet. Under this treatment she gradually improved, and by the first of July she had regained her usual health. I examined the expectoration frequently during the time she was under my care, and I found, as she gradually became better, these withered pus-globules and shriveled nuclei became less numerous, until not one was to be found. When they were no longer to be discovered the expectoration and cough soon ceased.

April 1, 1858. I was called again this day to see Mrs. A. She informed me that she had enjoyed good health during the winter. About the first of March she took cold, and has been coughing and expectorating very freely ever since. The symptoms differ but little from those described on the 2d of May, 1857. The sputum exhibits the same microscopic appearance, with the exception that the withered pus-cells are more numerous. Cod liver oil, etc., were prescribed as on the former attack, and attended with the same beneficial effect.

Her health now remained good until the first of March, 1860, when it commenced gradually to decline. Her disorder now assumed

a more decided tubercular character, and in six months terminated her life. Her malady was evidently tubercular from the beginning, although the general symptoms and signs were not pronounced.

The case of Mrs. A. may be regarded as an exception to those commonly met with in practice, where, from the absence of the general symptoms and signs, the existence of tubercular disease could not have been made out; but by the aid of the microscope, we had, at least, a probable clue to her malady.

But some may say that these withered pus-cells cannot be characteristic of tubercular pus, because they are frequently exuded from supurating cavities in other parts of the body. Admitting this, which is the fact, yet it does not invalidate the importance of our chief position, that their appearance in the sputum is strong evidence of tubercular disease in the lungs.

Perhaps it would not always be safe to say that the lungs are free from tubercular deposits, so long as there are no withered pus-cells in the sputum. But we will venture the assertion, without the fear of contradiction, that they will seldom be found in the expectoration of any other disease of the lungs or bronchia, and we may always infer the existence of vomicæ when they are found in the sputum; and their disappearance, under treatment, is a good omen. I could mention several cases to corroborate these assertions, but this would extend an article beyond the prescribed limits.

We hope that those who have the time and opportunity will examine this subject more in extenso, and give us the results of their observations. I am aware that the subject is beset with many difficulties; but they are not insurmountable. And if we adopt the motto of the ambitious Cæsar, we cannot fail to succeed:

"*Veni, Vidi, Vici.*"

—o—

Homœopathic College.—The Hahnemann Medical College, of Chicago, has closed, for want of support. The concern matriculated three students, on credit. Hahnemann thought the smaller the dose, the better the result, a statement singularly verified in this instance.—*Columbus Review.*

Climate of Pekin.—Sir John Herschel states that in the climate of Pekin the winters are, on an average, ten degrees colder, and the summers nineteen degrees warmer, than in London. The annual amount of rain is about one-twelfth greater. The temperature of solar exposure is, of course, very great in summer.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

(*January 19th.*)

PLEURISY—CLINICAL RELATION TO PHTHISIS.

A man, 34 years of age, entered the hospital suffering from pleurisy in his left side; the pleuritis was soon transferred to the right side, constituting a case of double pleurisy. The usual symptoms, as pain, dullness on percussion, friction sounds, etc., were present.

In presenting the case before the class, Dr. Gerhard took occasion to make some remarks on the clinical relation between pleurisy and phthisis.

In these cases of double pleurisy there is a tendency to the subsequent development of tubercles, even more than in ordinary pleurisy; and it should be borne in mind that every case of pleurisy creates a tendency to the development of phthisis, particularly if there is any hereditary or other predisposition.

Pleurisy is often but the first sign of tuberculous disease, and, sometimes, seems to produce it. While double pleurisy is more apt to be followed by tuberculosis, we find that in tuberculous patients, when attacked with pleurisy, there is a tendency to the development of the disease on both sides.

In common tuberculous pleurisy, tubercles already exist in the lungs, and the pleurisy is entirely secondary.

Bleeding diminishes the strength of a patient, and if there is any tendency to tuberculosis, it may break the patient down, and, therefore, it must only be resorted to when absolutely necessary.

The best treatment, in these cases, is either small portions ($\frac{1}{8}$ or $\frac{1}{6}$ gr.) of tartar emetic, every two or three hours, or ipecacuanha, which latter is preferable, in doses of $\frac{1}{2}$ gr. every two or three hours, so as to produce slight nausea. In some cases opium is required.

During the last few days the patient has been taking $2\frac{1}{2}$ grs. of pulv. Doveri at a dose, 4 times daily; with this may be incorporated an extra grain of ipecacuanha, so as to produce some amount of nausea.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January 26th.*)

TWO CASES OF FRACTURE OF THE CONDYLES OF THE HUMERUS.

Case 1.—A man received a violent injury, fracture, and contusion of the elbow-joint, a little over two weeks before, by being thrown out of a wagon. As the contusion was so great as to destroy the vitality of the part, it is necessary to avoid officious interference. There is a deep line of ecchymosis extending down the arm to the palm of the hand.

In an injury about the elbow-joint, or at the upper part of the arm, followed by ecchymosis or effusion of blood into the cellular tissue, extending down, partly by gravitation and partly by the action of the muscles, into the palm of the hand, you may know that some bone has been broken, because the blood cannot burrow down unless it gets underneath the deep fascia of the arm, between the deep-seated and the flexor muscles.

A dislocated bone is accompanied by a laceration of the ligaments, usually nothing more, and does not give rise to much effusion of blood; but if the bone be broken near its head, where it is very vascular, a large quantity of blood is usually poured out.

The bone has been put in its place, and an angular splint applied.

Sometimes, in these cases, the injury to the joint is such that anchylosis is unavoidable, and, in view of this probable result, it is always prudent to confine the limb in splints, of such an angle that if the case should result in anchylosis, the joint shall become fixed in that particular position best calculated to allow of the greatest use of the limb.

In this case a slough has opened through the skin, through the superficial and the deep fascia down to the bone, which was fractured at the condyle; the finger can be brought directly in contact with the bone through this opening; but it is not bared at this point, though it is at others.

A counter-opening was made in the limb so as to allow the matter to have exit at the lower part.

The surface of the wound has been dressed with a poultice for some days. It will now be covered with the ointment employed in the London hospitals.

A little piece of charpie or lint being smeared with the ointment and laid over the part, the poultice will be put around this, the arm being supported in an angular splint, with the forearm placed in the middle position, between pronation and supination.

There is a sinuous tract in the wound. This should be treated by some caustic, such as chloride of zinc; often by merely touching the orifice a healthy action will be set up along the whole tract of the sinus. Meanwhile the health of the patient should be sustained in every possible way with beef tea, milk punch, wine whey, keeping the bowels regular, but without resorting to much medicine. At the same time the patient takes quinine and iron.

In similar accidents of the knee-joint, with an opening in the back or on the side, the limb should be placed in a fracture-box and covered with bran, so as to shut out completely the air from that cavity; it is sometimes advantageous to do this in injuries of the arm. The bran absorbs the matter as it is discharged from the wound, and as it coagulates it can be removed and taken away by the hand or with a spoon, and fresh bran be substituted for it, thus changing it as it becomes offensive; in very many cases this is absolutely the best dressing which can be employed. It is the best whenever there is a hope of a cure in cases of laceration, without the necessity of an amputation.

Case 2.—This is a man who was thrown down in a scuffle while being ejected from one of our cars, and he was struck on his elbow. When he came into the house, the day before yesterday, the olecranon process of the ulna stood out far back. It could be distinctly observed that the inner condyle of the humerus was broken, and there was reason to fear that the upper end of the radius was also broken near the head. Such was the tumefaction and contusion of the parts, already presenting an appearance as if disposed to go into erysipelatous inflammation, that no attempt was made to reduce the dislocation, or to go very far into an examination of the extent of the injury. A number of leeches were placed over the part, and it was covered with strong lotions of lead water and laudanum.

He was given internally a diaphoretic and anodyne draught.

Yesterday the reduction was made. There is great puffing and tumidity of the parts from effusion of serum.

The inner condyle is broken off, and probably the fracture has extended between the condyles to the outer.

The treatment has consisted in putting the limb at rest in an angular splint, as in the other case. The head of the radius, which crepitates, when moved, is not broken off; the crepitation arose from the fractured end of the condyle, which, from its attachment with the head of the radius, was moved with it when the forearm was turned; and, probably, it arose also in part from the inflamed cellular tissue around the parts.

Dr. Pancoast never puts a splint on the front part of the arm. Care should be taken always to keep the thumb look upward, as some ultimate deformity is apt to be left in the joint.

Dress the arm with a single splint, so that the sedative lotion can the better be applied. Put the limb to rest, and confine the patient positively to his bed.

NOVEL PLASTIC OPERATION ON THE FACE, TO REMOVE EFFECTS OF MUSCULAR CONTRACTION IN PARTS OPERATED ON EIGHT YEARS PREVIOUSLY, TO RESTORE PARTS DESTROYED IN CONSEQUENCE OF THE ABUSE OF MERCURY.

The patient is a lady 32 years of age. When eight years of age, she lost the whole of the integuments of the cheek, on the left side, in consequence of excessive use of mercury. A large portion of the lips and gums was destroyed, and anchylosis of the jaw produced.

Eight years ago Dr. Pancoast operated on her face, assisted by the late Prof. Mütter. He divided the masseter muscle upon both sides of the mouth; separated the jaws and rendered them moveable. So immense was the breach, that two flaps were taken from the surface of the chin and neck, leaving a pedicle on the outside to fill up the cavity of the cheek, while the breach below was filled up by another flap taken from the skin of the neck. This did very well.

The few pale fibres of the platysma which are transfered to the face, amounted to but little, and their muscular power could not antagonize the force of the muscles upon the opposite side, the consequence is that the gradual action of these muscles have drawn the mouth quite over to one side, though the mouth remains closed and all dribbling of saliva is prevented.

The patient is desirous of having the mouth, which is drawn to one side, corrected, and to have the corner of the lower lip, which droops a little from the long continued action of the part, raised. She also desires the vermillion line, which now goes up toward the nose, levelled and brought down to its proper position.

The operation was performed by Dr. Pancoast by transfering integument from the face and the neck, and keeping the parts in position by sutures. The appearance of the face was much improved.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Da Costa.

TWO CASES OF ASTHMA — ASTHMA FROM CARDIAC DISEASE.

James P., about 60 years of age, colored, has been suffering for two years with asthma and shortness of breath; it came on suddenly. He had been suffering before from palpitation of the heart, had been a good deal exposed, and had a slight cough. He commenced to wheeze about a year ago.

Percussion over the chest is clear both anteriorly and posteriorly, a few sonorous and sibilant râles are heard over the whole chest. On auscultation the heart-sounds are found to be very feeble, the first sound especially. The percussion dulness over the heart is increased, while the impulse is feeble.

We have here, then, a case of dilatation of the heart, and this leads to the conclusion that the asthma is mainly of cardiac origin, the difficulty of breathing being due to the disturbed circulation, in consequence of the disease of the heart. The patient's feet are much swollen, and this strengthens the conclusions drawn from the physical signs, for œdema is one of the prominent signs of cardiac disease.

The urine should be examined so as to see that there be no renal complication.

Now, irrespective of the physical signs, is there anything in asthma that may lead us to suppose that it is cardiac?

A distinguishing feature in cardiac asthma is that patient's affected with it suffer from the difficulty of breathing, more or less constantly, while ordinary asthma, not connected with disease of the heart, occurs paroxysmally, and leaves the patient with intervals of almost perfect health.

Treatment.—The patient is to be dry-cupped extensively and frequently. Internally,

℞. Hoffmann's anodyne, f℥j.
Fl. extr. of valerian, f℥ij.
Tinc. of hyoscyamus, f℥j.

Half a tablespoonful in sweetened water *pro re nata*. This will have the effect of reducing the spasms and allaying the irritation. At all events Dr. Da Costa has frequently found some such combination very useful.

Besides this the patient will be ordered the following:

℞. Quiniæ sulph. gr. iss.
Pul. ferri, gr. j.
Strychniæ sulphatis, gr. $\frac{1}{15}$.
Extract. colchici alcohol. gr. $\frac{1}{8}$.

To be taken twice or three times daily. The iron and quinine will act as general tonics, which the somewhat enfeebled condition of the patient indicates, while the strychnine has a specific influence in increasing the muscular force, and in this way give tone to the cardiac muscular fibres, and counteract, if possible, the tendency to dilatation.

The colchicum is given to act upon the kidneys, for it is very important in these cases to keep up a diuretic action. If the colchicum shoul fail, we will resort to some other diuretic.

There is a curious clinical connection between the urinary secretion, and a spasmodic condition of the lungs, which may be alluded to on some other occasion.

The presence of dry râles in the chest does not of necessity indicate bronchitis, it is owing to spasmodic narrowing of the tubes without inflammation or secretion.

ASTHMA FROM EMPHYSEMA.

Michael Kelley came to the house on the 4th of January, suffering with a paroxysm of asthma. He has now suffered from this affection in paroxysms, more or less severe, during the last four or five years. His breathing is not oppressed when no attack is on him.

The first case (see Reporter of last week) shown you was one connected with chronic bronchitis, the second with disease of the heart, and the present is caused by emphysema, as the following signs clearly show.

Percussion is exceedingly clear, showing that more air is present than normal, and that the air-cells are dilated. On auscultation, the feeble respiration and prolonged expiration show a loss of contractile power of the air-cells.

Treatment.—Iodide of potassium had been given, but was not followed by relief. He was then put on—

℞. Acetone, - - f℥i.
Camph. tinct. op., } ea. f℥ss.
Wine of antimony, }

A teaspoonful of this was given four times a day. Under this treatment, he has improved. Counter-irritation, with a liniment containing equal parts of soap liniment, tincture of camphor, and turpentine will be tried.

MORBID SPECIMENS—MENINGITIS.

History.—The man, from whom the specimens were obtained, was admitted to the wards on Thursday, February 8th, on a certificate that he was laboring from typhoid fever, and no other clue could be obtained, as he was violently and noisily delirious. He was carefully examined; his pulse was excessively feeble and somewhat irregular; his delirium very violent; the eyes were not injected, but suffused,—a watery eye. Furthermore he had a typhoid tongue, dark, dry, and fissured, with an offensive breath. There was some slight pain on pressure in the right iliac fossa. His bowels were constipated; there was no eruption; hence no certain signs of typhoid fever, and the case, in the absence of any previous history, had to be regarded as one of delirium, in a patient who was sinking. Under these circumstances, he was stimulated by turpentine and camphor-water. His pulse improved somewhat, but on the day after his admission he died.

Post-Mortem Examination.—There is apparently no disease whatever in the small intestines; Peyer's glands are not even enlarged; there is slight injection of the mucous membrane, but that is all; to all appearance, the intestines are healthy.

Lungs.—Very much congested; they contain some few old tubercles; they present what is sometimes called hypostatic pneumonia, with a great deal of serous infiltration. It is no pneumonia, however, as, when cut in pieces, the lungs float in water, while in real pneumonia they sink. This is the absolute test. This condition of the lung is frequently found in persons suffering under a low type of disease, and long confined on their backs.

Heart.—Of natural size, perhaps a little larger; contains in right ventricle a dense firm clot of post-mortem formation; the valves are all healthy.

Brain.—Its outer surface congested; also in its interior surface along the convolutions. Always be careful to examine the convolutions of the brain as to the existence of any effusion or any exudation of plastic material.

The membrane is in parts opaque. We notice, between the convolutions, some effusion, especially marked at the anterior part of the brain. This indicates some amount of meningeal inflammation; the brain is excessively vascular throughout.

In the neighborhood of the thalami and corpora striata, the brain is softened, and at the juncture of the cerebellum there is a considerable quantity of lymph; there is also a large amount of effusion in the ventricles.

Base.—Some lymphy effusion between the membranes, but no further signs of inflammation. There is indeed throughout more or less effusion between the arachnoid and pia mater.

There can be no doubt, hence, that this case was one of meningitis, which had been mistaken by the physician, who first saw him, for typhoid fever. It was afterward found that he had been sick but four days when he entered the hospital. The case is of interest on account of the severe symptoms of prostration and delirium present, and the absence of paralysis.

In regard to disorganization of the brain-substance, it is a matter of great practical importance to tell whether the softening is the result of maceration or inflammation. This can be done by the microscope. The characteristic granule cells which occur in inflammation, are not present in maceration or simple diffluence of the organ.

PARALYSIS AGITANS FROM FUNCTIONAL DISTURBANCE OF THE NERVOUS SYSTEM.

Having at a previous clinic introduced a patient suffering from paralysis agitans, in consequence of cerebral disease, Dr. Da Costa introduced several other patients affected with this disease, but from different causes.

One of these was Ch. P., a boatman, 25 years of age, moderate in his habits, drinking

occasionally, but not to excess. He had been severely subject to malarious influence five years ago, and had ague off and on for three years.

When the tremulous action came on the attacks of ague ceased. The muscular tremors affect both arms and legs, rendering his gait uncertain. He bends forward when he walks. This is a peculiarity of paralysis agitans.

There are no signs whatever of cerebral disease; the pupils act perfectly well; there is no strabismus; no paralysis; no convulsions. Old age, which is a frequent cause of the disease, is, of course, out of the question here.

Inquiring into the mode of living of the man more closely, we find that he has been in the habit of drinking strong green tea to excess, and also smoking considerably. This, in the absence of all other signs, must be considered an adequate cause. The abuse of green tea, indeed, very frequently gives rise to functional disturbance, to a loss of tone in the nervous system, which, in this case, may have acted the more powerfully, as the patient was probably weakened by and still is under the malarious influence.

The prognosis in this case is favorable. The age and the previously good constitution of the patient are in his favor, while the cause of the difficulty may be, to some extent, controlled by withholding the injurious articles of diet and luxury. He will take—

℞. Quiniæ sulphatis, Pulv. ferri, } aa. gr. 1½.
Pulv. arsen. gr. ¼.
Three times a day.

The quinine and iron will act as general tonics, while the arsenic, besides its anti-malarious influence, will probably be advantageous on account of a peculiar tonic influence which it seems to exercise upon the nervous system, which is evident from the good results often obtained by its use in chorea, a disease which closely resembles paralysis agitans.

The patient should have a good diet.

In the diagnosis of paralysis agitans, it must be borne in mind that the disease must be distinguished especially from two kindred affections.

1. *Mercurial Tremors.* The chief point of distinction is the history of the case. The occupation of the patient affected with mercurial tremors is generally such that it will at once throw light upon the case. Previous salivation, looseness of the gums, etc., often accompany the tremors.

There is, however, another distinctive point in the tremors themselves which Dr. Da Costa has noticed. In mercurial tremors the trembling is very apt to cease or intermit, when the arm, hand, or limb is supported, f. i. if the patient places his hand on a chair or table; this is rarely the case in paralysis agitans from other causes.

2. *Chorea.* It is not difficult to distinguish paralysis agitans from chorea. The nature of the muscular movements in each is sufficiently characteristic. In chorea there is spasmodic muscular contraction with loss of control over muscular motion, while in paralysis agitans there is no loss of control, but simply trembling movements.

WILLS HOSPITAL.

Service of Dr. Morton.
Reported by H. Earnest Goodman, M. D.—Resident Physician.

OPERATIONS FOR STRABISMUS.

Case 1.—J. B., æt. seven years, has had a convergent squint in the right eye for two years. No cause can be assigned. About two months ago, his eye was operated on while under the influence of ether without producing any benefit, as will be seen by the following note:

January 24. There is still marked obliquity of the right eye; the inner edge of the cornea touches the inner canthus, and the mobility is not so perfect as in the left eye.

There is a decided rotary motion of the right eyeball upon its axis. Vision in the left eye perfect; in the right cannot see things near so clearly.

After being fully etherized, Dr. Morton thoroughly divided the internal rectus muscle, and a bandage was worn constantly over the sound eye for seven days.

February 5. The eye still a little oblique; mobility more perfect.

February 11. Eye perfectly straight; the constant rotary motion in right eye continues, and is occasionally seen in the left.

Case 2.—J. McF., æt. eighteen, has had a similar squint in the right eye since he was two years old; cause—irritation.

February 8. The obliquity is quite marked; the inner edge of cornea almost touches the inner canthus of the eye. The mobility of the left eye is perfect, but the motion outwards in the right is retarded. The vision in the left is good, but he says that with the right things look dim; he can, however, tell the hour, or read small type. Dr. Morton divided the internal rectus, as in the former case, and then applied a bandage over the sound eye.

February 9. Eye perfectly straight; the conjunctiva echymosed; he says that vision has improved.

February 11. Eye perfectly straight and vision improving; the effused blood disappearing.

Case 3.—Margaret U., æt. fifteen, has had convergent strabismus for many months, probably produced by a dense opacity of the cornea,

occupying about one-fourth of its surface. Both eyes have been sore from tarsal ophthalmia for three years previous to her discharge from this hospital about two months ago.

February 11. Dr. Morton thoroughly divided the internal rectus, as in the other cases. The eye was perfectly straight after the operation; the result will be given hereafter; the opacity was not so great as to destroy vision; the right side of the cornea was perfectly clear, and the pupil responded well to the influence of light.

TUMOR OF THE LOWER EYELID.

J. B., æt. twenty-two, applied (February 8th) on account of a tumor of the lower eyelid; it had been growing some months, but of late more rapidly; it was about the size of a cherry, and was beginning to drag the lid down. Dr. Morton dissected it out. The incision was made on a line with the tarsal edge; it was cystic and filled with a glary fluid.

February 11. Wound healed by first intention.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

ORGANIC STRICTURE OF URETHRA CURED BY DIVISION—CIRCOCELE IN SAME PATIENT—OPERATION FOR RADICAL CURE BY SUB-CUTANEOUS LIGATION—REMARKS.

This patient had a tight, narrow stricture of the urethra, of some years' standing, the result of a badly-cured gonorrhœa.

He had also a very bad varicose enlargement of the spermatic veins, constituting circocele or spermatocele.

The stricture was divided in the usual way, an instrument passed into the bladder, and the urethra gradually dilated, the patient drinking of a tea containing uva ursi, buchu, bi-carbonate of soda, and juniper berries.

A few weeks later he presented himself to be operated on for his circocele.

The operation performed by Prof. Pancoast for spermatocele is that of ligation, and he has failed but once in effecting a radical cure by this means, and then it was from neglecting to give proper attention to a varicocele which also existed.

The veins of the cord, the proper venæ pampiniformes communicate with the external cutaneous veins; hence, if there are large veins on the surface of the skin which cross over from the left to the right side, and these are not tied, a complete stasis of blood is not produced in the veins ligated, and the cure is uncertain; therefore, when there is a varicocele the veins on the surface of the skin must be tied also.

Behind the cord runs up the vas deferens, the duct of the testicle; along with the vas deferens runs a large deferential vein and a large deferential artery, but the spermatic artery and the spermatic nerve go with the pampiniformes.

Generally, the vas deferens is placed at the back part of the corpus pampiniforme, and separated from it by a layer of cellular tissue, which enables us to raise all the veins of the cord without disturbing the vas deferens.

When we strangulate the veins of the cord we strangulate the spermatic artery and the spermatic vein, and cut off so much of the supply of blood which goes to the testicle; but the deferential and the pudic arteries supply the testicle with its ordinary amount of nutritive fluid.

Sometimes the vas deferens runs in front of the veins, and sometimes in the middle of the corpus pampiniforme, when the greatest care is necessary to separate the vas deferens from the veins; for if it be included in the ligature, it would emasculate the patient on that side.

Circocele almost always occurs on the left side, as in this case, and is never seen on the right, except when a similar state of things exists on the left side also; this is owing to a peculiar arrangement of the spermatic vein of the left side, which runs transversely into the emulgent vein or vein of the kidney, while, upon the right side, it runs obliquely up to the vena cava ascendens; there is also an arrangement of the valves on the left side which predisposes to a stasis of the blood on that side, and which does not exist on the right.

Where the disease has occurred on the right side, there must have been a similar arrangement of the spermatic veins on the two sides of the body, both opening into their respective emulgent veins.

If the walls of the veins have become weakened by enlargement, and have lost the power to drive the blood onward, it accumulates and stagnates in these veins the same as in varicose veins of the lower limbs.

Another result is that the small arteries which supply the testicle are unable to drive the blood through the capillaries of the veins in consequence of the mass or column of blood which they cannot move; hence the capillaries soon cease to carry the blood at all into the testicle, and the latter becomes diseased, softened, atrophied, and wastes away.

When we strangulate all these veins, we have removed the pressure from those capillaries, which entering into the outer veins, not varicose, supply again the testicle; the organ becomes better nourished, receives its normal size, and resumes its function.

A circocele on both sides of the body would go far to make a man impotent.

In regard to the treatment of this affection, when the disease is not very extreme, let the

patient apply cold water night and morning to the parts and support them with a bag truss. This, however, often produces a pressure on the organ, which is excessively sensitive; for glands are sensitive, not alone in proportion to the number of nerves that enter into them, but, also, in proportion to the amount of secretory surface they possess in their structure; a remarkable instance of this is the mammary gland of the female, which has not so many nerves distributed to it, but whose secreting surface is very large.

The dragging of the blood in the circocele often produces pain by pressing on the genito-crural nerves, and, by reflection, it often extends down the leg, weakening the limb upon that side.

In former times these veins were cut down upon, laid open, and a piece taken out. This operation is hazardous and apt to be followed by phlebitis.

Sir Astley Cooper was in the habit of grasping the whole scrotum and cutting off one-third or one-half of the skin of the scrotum, thinking that the contraction following would support the scrotum.

This procedure is not to be relied upon, and it is hazardous; besides, the remaining portion of the healthy skin of the scrotum will stretch again and the trouble be renewed, as the tissue seems to grow interstitially.

The final approach to improvement, in the way of a radical cure for this disease, was made by Brechet, who passed a couple of pins around the veins, and with a screw pressed upon them caused them to slough. This is hazardous, and has been abandoned.

Ricord advises a sort of horse-shoe arrangement; he puts a ligature around the veins, and, by stretching the two ends of a silver horse-shoe, the ligature is tightened until it cuts through and strangulates the veins. This method of strangulating the veins has been greatly simplified by Prof. Pancoast. His method consists in the use of a button over which the ligature that strangulates the veins is tightened.

He takes a small button, having two holes, and uses a single waxed thread very strong; to attach the ligature, he employs a needle nearly straight, and not too sharp at the point. In order to prevent the button from cutting into the skin, a piece of oiled silk or gutta-percha cloth is placed under it, with perforations for the passage of the thread.

It might be supposed that, in strangulating the veins tightly in this manner, there would be a risk of phlebitis, which would extend upward as well as downward.

In all his operations, Dr. Pancoast has seen but one case which gave any anxiety. It was that of a patient in whom the veins were enlarged above the ligature, and where slight peritoneal inflammation took place. The case, however, terminated favorably.

The result of the ligature is, that as soon as the veins are strangulated they contract, and the tumor diminishes in size.

In performing the operation, the first thing is to select the vas deferens from the rest of the bunch; then to examine the scrotum, to see if there is a varicocele or a similar enlargement of the veins on the outside. Then the cord is to be drawn up, not going too near the groin, so as not to miss some of the veins which return back and do not go all the way to the groin, but pass into the raphé of the scrotum and to the other side. The vas deferens must then be separated; it can be known by its feeling like a wire, and by the sensation communicated to the patient, which is identical with that caused by pressing on the testicle itself.

It is important to distinguish the vas deferens; for some of the veins sometimes become obliterated and converted into a fibrous cord, feeling somewhat like the vas deferens, but not causing the same sensation to the patients.

The needle which carries the ligature must not be sharp, or it may pierce the veins. It is to be passed underneath the skin around the veins and brought out again on the opposite side; after passing the needle through, feel again, so as to be sure that the vas deferens is entirely behind the needle, so that it cannot possibly be included in the ligature; then draw the thread through and it will lie behind the cord, between the corpus pampiniforme and the vas deferens. Now pass the needle from these two orifices immediately underneath the skin, bringing it out at the same orifice on the other side by which it entered. Before drawing the needle through and removing it, shift the thread, lest some of its fibres should have been cut by the needle itself, rendering the ligature liable to snap when tightened. This is a small matter, but still important to be remembered.

The loop now surrounds the veins of the cord, the spermatic artery and the spermatic nerve, and even the cremasteric artery vein and nerve. The ligature is now to be passed through the button and tied tightly over it—an extremely painful operation. In the course of three or four days, the parts will have shrunk, and it will be necessary to tighten the ligature a little, which will be less painful,—the ligature must thus be tightened every three or four days; towards the end it will give no pain at all.

A suspensory bag-truss should be applied, so as to take the weight off the tumor, and the patient should be put to bed.

The strangulation of the spermatic nerve is apt, by reflex action, to act on the bladder and produce spasm of the urethra, of the muscles of Wilson and Guthrie; hence the patient should be put to bed, and be given a diuretic and a diaphoretic mixture.

In the course of twelve or thirteen days after successive tightenings of the ligature, at intervals of three or four days, the veins will have become thoroughly obliterated.

Such was the result of the preceding case in about a fortnight after the operation.

HOSPITAL OF THE MEDICAL MISSIONARY SOCIETY AT CANTON, CHINA.

[We give the following interesting report of this hospital by Dr. Kerr, which has just reached us.]

NEW HOSPITAL.

In my last report to the Medical Missionary Society, presented at its meeting in February, 1857, it was stated that the Ophthalmic Hospital and Wai Tsai Dispensary had been destroyed at the commencement of the late war. During the continuance of hostilities, the operations of the society in Canton were suspended. On my return to the city in November of last year, a hong in the southern suburbs was rented, and about the middle of January it was opened for the reception of patients, with the the title of Pok Tsai (diffusive benevolence) Hospital. The Chinese name of the Ophthalmic Hospital could not be retained, because it was called from the street on which it was situated.

The location of the hospital is better than that of the old one. It is situated in the southern suburbs, nearly opposite the middle of the walled city, and fronts on the river. The ground is so high that the water very seldom comes into the hong.

At the time the hospital was opened, very few persons had returned to the part of the city in which it is located, and the streets still wore a deserted appearance. It was not, therefore, to be expected that at first the number in attendance would be large. As the hospital became known, the numbers increased, and the total for the year did not fall far short of the number formerly attending the Ophthalmic Hospital.

VACCINATION.

A *vaccine department* has been established, and Thursdays are appropriated to this object. Vaccination was introduced among the Chinese in this city, by Dr. Pearson, about the year 1805. Owing to the persevering efforts of this gentleman, continued through many years, the inestimable blessings of this preventative are fully known to the Chinese, and his name is worthy of little less honor than that of the immortal Jenner, who first made it known to the world. Small-pox is almost an annual epidemic in China, and, without the aid of government or any public institutions, it is not strange that vaccination is neglected by multitudes in so vast a population. Those who practice vaccination are not able to preserve the virus, and they depend for fresh supplies brought from England. It was with the design of supplying these deficiencies that the department was established; and it is hoped that, while gratuitous vaccination is offered to the poor, the hospital will be a source from which to supply virus at all times to all parts of the south of China. A tract on the subject has been prepared and printed, in which directions are given for preserving the scab and vaccination from it. This is one of the easiest modes of preserving the virus in a warm climate, but is not known to the Chinese.

GENERAL DISEASES.

The diseases treated have been such as are usually met with in missionaary hospitals. The most common were diseases of the eye, intermittent fever, bronchitis, dropsy, rheumatism, scrofula, diseases of the skin, ulcers, &c. These have mostly been of a chronic character, and many cases have been beyond the reach of art. Others, requiring a long course of treatment, were not persevering in their attendance. A great many satisfactory cases can be referred to in which much good has been done. It is not alone in the performance of capital operations that benefit is conferred upon those who resort to the hospital, but the chief good is done in the daily routine of applying caustics and lotions to ulcers, lancing abscesses and boils, and administering medicines.

The whole number of out-patients during the year was 13,186.

CARIES OF UPPER JAW-BONE.

In the month of June, a patient presented himself with several openings in the right cheek, from which there was a constant discharge of offensive matter; the openings also communicated with the mouth. A large portion of the jaw-bone was detached and acted as a foreign body, keeping up the discharge. By simply enlarging one of the openings in the cheek, the dead bone was extracted with a pair of forceps. In a short time, the discharge ceased and the openings closed up.

DROPSY.

A female, aged thirty-two, was admitted June 20th. The abdomen was enormously distended. She was tapped by the assistant Lam Ats'ung, and fifty-nine pounds of fluid were drawn off through the canula. This patient returned to the hospital in October, and was again tapped. The fluid drawn off at this time (forty-nine pounds) was of a dark-brown color, and contained a great deal of albumen.

TUMOR.

A man, aged forty years, from the district of Tungkwan, having a cancerous tumor of the right breast, was admitted July 18th. The operation was performed by the assistant Lam

Ats'ung. In this case there was every prospect of a permanent cure, as there was no indication that the system was infected.

FRACTURE OF THE SPINE AND RIBS.

A lad, nineteen years old, was admitted August 15th. The evening before, during a sudden squall, an old brick wall was blown down upon him while he was cooking rice. When brought to the hospital, he was altogether helpless, and suffered great pain. He had also paralysis of the bladder, with retention of urine. The seat of fracture was in the lower dorsal vertebra. Inflammation of the lungs complicated the case, and at one time he was considered past recovery; he, however, gradually recovered, and in about two months he began to sit up and walk a little. His strength increased until he was able to walk with the help of a cane, but he could not remain long in the erect position. The paralysis of the bladder continued, and he was taught to relieve himself with the catheter. He was furnished with one when he left the hospital, December 6th.

PERINEAL SECTION.

This patient, a lad nineteen year old, from the district of Pwaanyu was admitted June 13th. He had received severe injuries from a fall six months before. The perineum and membranous portion of the urethra were bruised and lacerated. In healing up, the urethra was entirely closed, and a false passage for the urine opened in the perineum half an inch from the median line. It is maintained by some distinguished surgeons, that cases of impermeable stricture of the urethra never occur, but in this patient the canal was, beyond all doubt, entirely closed. Not a drop of urine passed through it. To restore the passage, the following operation was performed: The patient being brought under the influence of chloroform, a catheter was introduced to the seat of stricture and an incision made through the perineum, meeting the end of the catheter. A director was then introduced into the false passage, and the above incision carried down to the director, carefully following the median line. In this way the entire stricture was divided, and the catheter was then readily passed into the bladder. Very little blood was lost during the operation. A catheter was retained in the bladder forty hours. After its removal, the urine began to pass by the natural channel, and continued to do so as long as the patient remained in the hospital. The full benefit expected from this operation was prevented by the absolute refusal of the young man to submit to the frequent reintroduction of the catheter, which was necessary to prevent the contraction of the canal at the seat of stricture.

NEURALGIA—OPERATION.

A man, aged twenty-seven years, from the district of Haiping, was admitted September 6th. He had suffered with neuralgia in the lower jaw about three years. During the last twelve months, the pain had increased in intensity. It came on in paroxysms, with intervals of from five to ten minutes, which sometimes were extended to half an hour. During the paroxysms, one hand grasped the forehead, and with the other he rubbed the side of the face, and his groans manifested the greatest agony. Day and night were alike to him, and sleep only came in the short intervals of his suffering. The intensity of the pain had worn down his health and strength. His face was thin and sallow, and his countenance wore an expression of anxiety and distress. He was unfitted for any business, and life was a burden. The treatment usual in such cases was tried for several weeks without benefit. A tooth, slightly decayed, was also extracted, but the pain continued as before. To relieve such intense suffering, extreme measures were considered justifiable, and the following operation was performed: After giving chloroform, an incision was made through the skin and muscles of the cheek, laying bare the jaw-bone near the angle. With a small trephine, a circle and a half of the external plate of the bone were removed, exposing the cellular portion in which was the canal containing the artery and nerve. The bone-chisel was then used for the purpose of severing the nerve. The artery was necessarily diseased, and the hemorrhage was stopped with the actual cautery. Soon after the patient had recovered from the influence of the chloroform, and was placed on his bed, the pain returned, and it was supposed that the operation would fail to give the expected relief. But in a few days the pain began to diminish, and at the end of a week it entirely disappeared. The general health now began to improve, and the patient gradually gained flesh, strength, and spirits. He left the hospital November 14th, and up to that time continued to be perfectly free from the pain.

AMPUTATION OF THE THUMB.

A man, firty-nine years old, from the district of Tungkwan, was admitted with a melanotic tumor growing on the end of the left thumb. It was very painful, and constantly discharged an offensive watery fluid. It had been growing for four months, till it attained the size of a hen's egg. Amputation was performed at the first joint. Enough of the ball of the thumb was healthy to make a flap with which to cover the end of the bone. The parts united readily, and he was discharged cured on the tenth day.

AMPUTATION OF THE BREAST.

A female, aged fifty years, from a village near the North gate of Canton, was admitted November 1st. A tumor had appeared in the

left breast more than a year ago, and gradually increased in size until it became troublesome; it was movable, free from pain, and the skin healthy. Chloroform was administered, and the tumor removed by making an incision six inches long, and dissecting it from the gland and cellular tissue to which it was connected; it consisted of a number of cysts containing an albuminous fluid, intermingled with more condensed tissue.

The case was a very favorable one for operation, and the patient could be assured that the disease would not return.

STONE IN THE URETHRA.

A man, aged thirty-nine, from the city of Fuhshan, was operated on the same day as the above for stone in the urethra. It was lodged about the middle of the canal, behind a stricture, and had been in that position seven months. An incision was made at the border of the scrotum, and the stone extracted with a pair of forceps. From the place where it was necessary to make the incision, it was feared that infiltration of urine would result in inflammation and sloughing of the scrotum; but no unfavorable symptom occurred, and the wound closed in a few days.

CASES OF URINARY CALCULUS.

1. This patient was a dealer in ginseng, fifty years old, and resided near the Western or Great Peace gate. He had suffered from symptoms of stone in the bladder for three years. On the 29th of November, the lateral operation was performed. The stone was the size and shape of a large hen's egg, and weighed two ounces. The patient made a good recovery.

2. A little boy, seven years old, from the district of Tungkwan, was admitted November 29th. The symptoms of stone began three years ago, and his sufferings for some months had been very great. The lateral operation was performed December 2d, and a stone extracted as large as an olive. The recovery of the child was retarded by an attack of intermittent fever, which came on the fourth day after the operation, and the case was farther complicated by the presence of worms in the alimentary canal, about sixty of which were discharged during the treatment. Notwithstanding these difficulties, he was able to visit his relatives in the city on the nineteenth day, and, at the end of the month, returned to his home in the country.

DISLOCATION OF THE HIP-JOINT.

Two cases of this accident have come under notice during the year. The first was a dislocation upwards and backwards, with shortening of the limb, and was of twenty-eight days' standing. This case is worthy of notice here only because it resisted the most persevering efforts at reduction. Extension with the compound pullies, while the patient was thoroughly under the influence of chloroform, was carried to the utmost extent deemed safe and prudent. This failing, simple manipulation was tried in all possible ways, but with no better success. When the whole muscular system was relaxed by the chloroform, the head of the bone could be made to transverse three-fourths of the circumference of the socket; but in no way could it be made to enter, and we were compelled to leave the patient with no better prospect than that of a false joint.

The second case occurred in a boy five or six years old, and was a dislocation downwards and inwards, with lengthening of the leg. The child was brought to the hospital the day after the accident. Simple manipulation, under chloroform, brought the bone at once into its natural position—the pain disappeared, and freedom of motion was restored to the limb.

MEDICAL TRACTS.

In addition to the tract on vaccination, another has been prepared and printed, treating of the use of quinine in intermittent fever and other diseases, and of the use of the truss as a relief for hernia. Large quantities of quinine have recently been brought to this market and sold to the Chinese, who value it very highly, but are only partially acquainted with its uses in various diseases. To supply this deficiency, as well as to favor the introduction of one of our most valuable medicines, the tract was prepared. Hernia is a very common affection, for which the Chinese have no remedy, and this tract calls attention to the steel trusses, a variety of which are kept at the hospital and sold at cost to such as are able to pay for them. The supply of trusses has been less than the demand.

DISSEMINATING MEDICAL LITERATURE.

A report of the operations of the hospital has been prepared in Chinese, and is now in the hands of the printer. It was supposed that this would be the best way to present to the more intelligent classes the benevolent objects of the hospital, and to give them correct information as to what is to be expected from foreign practice. It is also hoped that some of the wealthy Chinese may be induced to subscribe to the support of the hospital. The time is looked forward to when the inhabitants of this city will so appreciate the benefits of public institutions of this kind, that they will contribute funds for the establishment and support of hospitals conducted on the plan of those in Europe and America, which confer inestimable blessings on the suffering and diseased. The money annually wasted on the temples of this city, the abodes of hideous idols and stupid priests, would build magnificent hospitals and furnish an income beyond any possible necessity.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 23, 1861.

MENTAL HYGIENE AND PUBLIC EDUCATION.

Of modern philosophers, who have written on mental science, John Abercrombie stands foremost in sound observation and that common sense which gives directness to thought and clearness to expression. His little book "Inquiries Concerning the Intellectual Powers and the Investigation of Truth," contains more true philosophy, more real mental science, than the whole of Hegel's vaunted system, with all the schools and sects that have arisen from it. These are rapidly passing away, and the time is not very far off when Hegelian philosophy will be altogether a matter of literary history. Meanwhile, Abercrombie's "Inquiries" are exerting, and will continue to exert, an influence on mental science, because they are based on *facts*. This much in justice to one of the greatest thinkers and ablest physicians of the age.

A quotation from this source will certainly be in order:

"These exercises of mind," he says, speaking of the proper means for the cultivation of memory, "are greatly promoted in the young by verbal communication. Hence the importance of frequent examination. The teacher is thereby enabled, not only to ascertain their progress, but to *explain what they do not understand;* to impress upon them important points to which they may not have sufficiently attended; *to excite attention, inquiry, and interest;* and so to cultivate the *habits of association and reflection.* These, in fact, ought to be the objects to be kept in view in all such exercises, *as of much greater moment than the mere putting of questions.*"

Let us now introduce to the reader a friend of ours, one of the most eminent teachers in our public schools, who will enlighten us upon the system there adopted. His modesty forbids us to mention his name; we shall call him "Scholasticus."

"There can be no doubt, my dear Scholasticus, that fully appreciating the truth of the remarks we have just read to you, the system under which you teach is adapted to these truths. Indeed, your system must be almost perfection itself, judging from the glowing accounts we read in the papers."

Scholasticus—"Really, I am afraid it is not so; indeed my time is so much occupied with the mechanical and formal part of teaching, that I have very little opportunity to study the workings of the system more than superficially."

"Why, sir, you astonish us. But, pray, is not your system of teaching based upon Abercrombie's maxim, that to excite attention, inquiry, and interest, and to cultivate the habits of association and reflection, are, in fact, the objects to be kept in view, and of much greater moment than the mere putting of questions?"

Scholasticus—"Alas! I am sorry to say, no! Exactly the opposite is the case. Putting questions is the great object of the teacher; to answer them the great aim of the pupil. Excite inquiry, sir? Why, we teachers would be doomed, if we permitted our pupils to waste time by asking us questions, and if we were to submit to explanations! Explanations? Know you that the boy or the girl who comes to ask for explanations renders himself, or herself, at once suspicious, as a troublesome, inquisitive character, who is to be subdued."

"But, my dear Scholasticus, is it not rather a good sign in a child, if it comes to ask questions? Is it not a sign of mental activity, of independent thinking, if the child comes to you for explanations?"

Scholasticus—"That may all be; but you do not take a practical view of the subject. Do you know how many pupils I have under my charge?"

"No, sir!"

Scholasticus—"Sixty-five in my own division; but being principal of a school, I have the superintendance of between four or five hundred, whose studies I must direct and superintend. Would you like me to give you some idea of the working of our system?"

"Proceed, sir!"

Scholasticus—"Well, then! In the first place, I have sixty-five pupils in my division, every one of whom wishes to get to the High School the next term. Besides, my school has always

been one of the best, and I feel very anxious to send the largest average number of pupils to the High School."

"We understand; ambition, rivalry; is it not, my dear Scholasticus?"

Scholasticus—"Well, you may call it so; but let me go on. In order to get the proper average, my pupils must be able to answer a certain number of questions in grammar, arithmetic, geography, history, etc. If they *understand* them, well and good; if not, well and good also. The *answering* is, what the Board look at; not the *understanding*, as you say. Now you know that I have to keep a record of the questions answered by each pupil, so as to be able conscientiously to determine who is to enter the list of candidates for admission to the High School, and who not. What is the result? Simply, that at the daily recitations no child will dare ask a question, for fear of showing its ignorance, and thereby diminishing its chances for promotion. And, secondly, that the child, knowing that the questions must be mechanically memorized, puts all its energies in that direction and learns to look upon a close, intelligent study of his lessons as so much waste of time. Thus, our system discourages inquiry and explanations; do you see?"

"Rather, I should think. But go on with your explanations."

Scholasticus—"To proceed, sir—to carry out the Abercrombian maxim is a physical, moral, or call it what you will, impossibility. Why, if I were to spend only two minutes a day with each pupil answering his inquiries and giving him explanations, it would take two hours every day off the time which we *must* have to recite. Don't you see it is *impracticable?*"

"I am afraid, my dearest, you are painting your system worse than it is."

Scholasticus—"Worse! I have not commenced to tell you the truth. And now that I am 'in for it,' I will tell you all. The fact is that I often have young, bright, intelligent boys and girls come up to my desk, in spite of the system, asking me questions about this and that which they do not understand, or inquiring about something which their expanding intellect wished to grasp; it is the budding and sprouting of young reason, trying to catch a few dew-drops and a little sunshine by the way, to help it along in the hot-house atmosphere of the school-room—they are the tendrils and feelers which the youthful mind stretches out to find its way in the wilderness of mechanical study. But what can I do? What for one, that for all. If I were once to establish it as a rule to answer questions, where would be the end? What would become of the recitations, of the averages, of the High School candidates, of my model school, A NUMBER ONE? I know it, sir, the system is a mind-maiming, intellect-crippling, reason-destroying, soul-killing system! I know it. It embitters my life, it makes that the meanest kind of drudgery which might be and should be the highest, the noblest, the most pleasing task; for is it not the grandest work that man can be engaged in to watch, to study, and to aid the mind of the child in its development, its growth, its expansion? Is it not the most solemn, the most awful responsibility which falls upon man, to be a teacher of children? Yes, sir, I feel it, and it is this which makes me so determined in my efforts. I know I cannot alter the present system; we have the routinists among us, as you have them in medicine. You have to swim with the tide, or else go down. Knowing all this, I am determined to make the best of the system, and, if Memory *must* be ruler, I am bound to have him govern without that inquisitive, interpellating, mischief-brewing, democratic, revolutionary, would-be prime-minister—REASON. He has no business in our system; we disown him, we cast him off, we banish him, so that in our model-system of education the poor fellow, whom *some* think is fit to rule the world of intellect, is even too sad and pitiable an object for Punch to crack a joke at."

"My dear Scholasticus, you are getting excited. Here you have been walking about the room for the last five minutes, actually making a speech—a speech, sir! I wished you had made it in the Academy of Music; every seat, aisle, nook and corner, stage and scenery, filled

with your brothers scholastici, and sisters, too, the dear creatures. Why not? Was not Rarey there—Rarey the famous—to show us how to break horses? Can't one of you just go there and give us a *lecture* on your excellent system of strapping the mind, by which you succeed so nicely in bringing REASON on her knees?"

(Exit Scholasticus.)

That last remark of ours was very injudicious. Our friend was really somewhat excited, and we should not have made sport of him. He may not come to see us for a week. Poor fellow, he is conscientious, and feels keenly the tyranny of being a teacher under a false system. It makes him morose, sad, sometimes morbidly exhuberant; then, again, over-scrupulous, with sudden dashes of wild recklessness in his views; he is in constant battle with himself—over-worked, over-taxed in body and mind. This is one of the effects of our present system in a mental-hygienic point of view.

SPIRIT OF THE MEDICAL PRESS.

The Savannah *Journal of Medicine* has an editorial in reference to the correspondence published sometime ago in the REPORTER, relating to the influence of an exclusive rice diet in producing cataract. According to the *Journal*, "diabetes is not more common among the rice-eaters of the South, than those who feed upon other food." . . . . "On a large rice plantation, with from four hundred and fifty to five hundred negroes, embracing the usual number of aged, we can recall but one case of cataract." . . . . "In localities where rice is raised, it is eaten in lieu of bread, from one to three times a day, and in many families the latter (either corn or wheaten) is rarely seen upon the table. Cataract or diabetes is not more, if as frequent, in such latitudes, as in others, where rice is not so much used as an article of food."

The Atlanta *Medical and Surgical Journal* attempts to defend itself against the just strictures which we have recently made in reference to some of its editorial remarks. But, even in its defence, the *Journal* shows that it is incorrigible. It concludes its remarks as follows:

"In conclusion, we would say to the REPORTER, and to all others with similar views, that if they indulge in the hope that Georgia will ever again be represented, either in the medical or political Congress of the late United States, or that this noble State, or her people, will ever bite the dust and ask for forgiveness of their oppressors," etc. etc.

Now, will the *Journal* be kind enough to tell us *when*, *where*, and *how* the medical profession of Georgia has been "oppressed" by the American Medical Association, or anybody else?

Why does the *Journal* evade this question, and try to patch up its medical views with political harangues? Does the *Journal* attempt to further particular interests of its own, no matter at what price, even at the destruction of our glorious American Medical Association, simply because that body has taken a firm stand regarding the advancement of medical education?

Will the *Journal*, in its next, leave out politics when it discusses medical matters, scientific, and ethical? We give it another chance!

Some of our foreign Quarterlies and Reviews are raising an outcry against experimental physiology and vivisections in particular, and they find an occasional echo in some of the lecture rooms on this side of the Atlantic. Will those who oppose experimental physiology answer us these questions?

1. Would we have arrived at a correct knowledge of the circulation of the blood without vivisections?
2. Would we have arrived at a correct knowledge of the various processes of digestion without vivisections?
3. Would we know anything about the sugar-secreting function of the liver without vivisections?
4. Would we know anything about the influence of arterial and venous circulation upon secretion and excretion without vivisections?
5. Would we know anything regarding the functions of the various nervous ganglia without vivisections?
6. Is it not true that physiology has made more advances through vivisections than by any other mode of investigation?

☞ We are still very much in need of copies of the REPORTER of October 6th, 1860—the first number of the current volume—to supply new subscribers, for which we will cheerfully pay ten cents per copy. Readers who may have that number to spare will confer a great favor on us by forwarding it to the address of the REPORTER.

We have kept a list of those who have applied for that number, and will supply them as rapidly as we can.

Correspondence.

EUROPEAN CORRESPONDENCE.

MEDICAL INSTITUTIONS IN MADRID—THE MILITARY HOSPITAL.

Madrid, January 18, 1861.

Messrs. Editors:—Since my visit to the General Hospital and the Hospital de la Princesa, I have been to see the Military Hospital, which is larger than either of the others, although the average number of patients is lower than in the General Hospital. At the time of my visit, I was informed that there were only 500 patients, although it usually contained 800; but there are 2,000 beds and everything is on a vast scale. The ceilings are high and the passages wide, but everything is of rough stone, which, now in winter, gives it a chilly, uncomfortable appearance, although, I suppose, in summer it is pleasant enough. It is built around several court yards, as you may well suppose, from the immense number of patients who can be accommodated.

All the nurses here are men; there are no Sisters of Charity, as in the other hospitals, to attend on the sick.

I was surprised, in one of the rooms into which I was shown, to see an invention of such a nature that I could hardly believe, for the moment, that I was not in my native country. It was a labor-saving machine, intended to cut and roll bandages. The end of a sheet is passed in on one side, and by merely turning a handle it is caused to pass under knives, which can be placed at any requisite distance from each other, and then rolled up exactly, as is done usually in the machines which I have often seen at home for a single roller. I was informed that by this machine, in one minute, twenty-five metres could be cut and rolled up into bandages ready for use. A metre is a little more than a yard.

But I have not yet done with Madrid inventions. In another room I was shown models invented by an enthusiastic young physician, in which the muscles, arteries, etc., were beautifully and naturally depicted, the material being porcelain, and the colors burned in. One model of the muscles, etc., of the neck, especially attracted my attention as being of remarkable beauty.

I was shown into the microscope room, where I saw a microscope of Nachets, which cost, I was told, $150, and also one of Amici, which they said they did not think so much of. On the table I saw lying about more than one French work on the microscope, and also a translation into Spanish of Kölliker. There was no original Spanish work: indeed, in all the opportunities which I have had of looking at collections of medical books, they have been almost all French: the Spanish medical literature is in its infancy, and the advance that is being made is by those who have studied at Paris, or at any rate derive their inspiration from that quarter.

The apparatus for conveying in military expeditions was interesting to me, particularly one intended for carrying five or six persons on the back of a camel. On each side were two chairs with their backs to the side of the camel, on each of which a man could be strapped and sit with his feet hanging down. On the back was an ingenious arrangement which would do either for one very sick person or for two who were able to sit up, it being readily changeable either into a bed with a shade for the head, or into two chairs back to back. There were also other arrangements for carrying two on a horse or mule in easy chairs.

The doors of entrance into the different wards were all painted to imitate the entrance into a tent, and one of the wards, which was intended for officers, had each bed heavily curtained, and the curtains closely drawn, so as to convey by their arrangement the idea of a number of tents, as well as, of course, to give them more privacy than to the other patients.

I looked into the kitchen in the cellar. It was, of course, very large, but everything seemed very rough and primitive. They were just cooking the dinner for the patients, and for a wonder the messes looked very good and did not smell of garlic. There were immense bowls full of a sort of mixture of soup and various kinds of meat, which they call "*puchara,*" and which really appeared very savory. As it was not far from my own dinner time, I probably could not be considered as an unprejudiced witness, and you must get your next correspondent to promise to visit the kitchen after dinner, so that your readers may be enabled by taking the mean of the two observations to make a just estimate as regards the fare of the patients in Spanish hospitals.

There was a very large and clean room to store away the sheets, shirts, &c. A very polite Spaniard showed me around the room, and volunteered many explanations, which I am extremely sorry that my very imperfect knowledge of Spanish prevented me from understanding sufficiently well to give you a more detailed account of it.

I have now written to you of all the medical institutions which I have visited in Madrid. If any further information should come to my ears which I think might be interesting to your readers, as regards the condition of medical affairs, or of physicians in Spain; or if in any other of the cities of Spain, I should visit any medical institution worthy of comment, I shall send you another letter.

Very truly yours,

M. D. Abroad.

METHOD OF TREATING SYNCOPE AND ASPHYXIA OF NEW-BORN CHILDREN.

Messrs. Editors:—Those teachings of eminent but theoretical men, which utterly fail in practice, are often long in being substituted by better, and sometimes even pass without challenge. This declaration is fully sustained when we consider the directions given by authors for treatment of infants at birth, and especially for reviving the still-born. A point not sufficiently insisted on by writers, is, that the infant, the moment it is born, should be removed beyond the influence of the reeking atmosphere and corrupt exhalations about the mother's person. Not only does a place outside the bed-covering give much greater facility for the establishment of natural breathing, but, in case of absent or suspended respiration, affords opportunity to appreciate needs and apply remedies.

As a matter of safety, convenience, and cleanliness, I have for some time adopted the following method: Immediately after the child is born, the cord being left entire, I take it upon the palms of my two hands, the head and shoulders lying upon the left, the loins and breech upon the right, or *vice versa*, and pass it to those of the nurse similarly placed, but covered by a blanket. If it cry, or give other unequivocal evidence of proper breathing, I place the ligatures about the cord, divide it, gather the folds of the blanket about it, and send it away. If it be flaccid, pale, or purple, and give no signs of breathing, I take it again upon my own hands, and balancing it upon the palms, waft it gently to and fro. This gives it the benefit of a current of fresh air upon its surface, while, at the same time, the muscles of the trunk, thrown into action by the rise and fall of the extremities, contribute to raise the ribs and to contract the diaphragm. At all events, whatever the *rationale*, the child, except in the worst cases of asphyxia and syncope, at once gasps or cries, and respiration is established. In a few cases the entire resuscitation may occupy a much longer period, and the sudden and momentary application of cold to the chest may be used as a coöperative measure.

As a practical result of the method described, I may add that of one hundred and fifty infants, born consecutively under my superintendence, many of whom were in a state of syncope or asphyxia, complete respiration was established in all, save one, which death had taken place at some time antecedent to birth.

I refer to the old methods to condemn:

1st. Attempts at artificial respiration, by expiring the human breath into the mouth of the still-born, fail, from the air not reaching the lungs, or, if it enter, from its irrespirable quality.

2d. The warm bath destroys the already depressed vitality by its powerful sedation.

3d. Pressure upon the chest drives out what air may be in the lungs, without being succeeded by a greater volume.

E. T. Blackwell, M. D.

Stephensburg, N. J.

MASSACHUSETTS CORRESPONDENCE.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT DIPHTHERIA—STATE ALMSHOUSE AT MONSON, ETC.

East Bridgewater, Mass., Feb, 14th, 1861.

Messrs. Editors:—The Boston Society for Medical Improvement held a meeting on last Thursday evening. Drs. Minot, Ainsworth, and Fifield, reported several cases of diphtheria.

Dr. Jackson read a very interesting and valuable paper on "The Causes of Death by the Inhalation of Chloroform."

Dr. Ainsworth reported a case of a child poisoned by sucking a *green* concert ticket. The poisonous effects were due to the arsenite of copper contained in the coloring, commonly known as "Scheele's Green." This coloring substance is in common use in the manufacture of cards, fancy boxes, wall papers, etc. Many cases of poisoning by green wall paper have occurred during the past year with fatal results.

DIPHTHERIA.

Diphtheria seems to be spreading here with fearful rapidity. Since the middle of December last, twelve children, under the age of fifteen, have died from it in one small school district, within a circle of half a mile, in East Weymouth, Massachusetts.

STATE ALMSHOUSE AT MONSON, MASSACHUSETTS—OPHTHALMIA.

Medical Department.

The number of patients admitted into the hospital within the past year is,	490
Number of births,	16
" deaths,	45
Discharged,	385
Remaining in the hospital,	60

Causes of Death.

Apoplexy,	1	Marasmus,	6
Burn,	1	Measles,	1
Cancrum Oris,	1	Ovarian Tumor,	1
Cholera Infantum,	1	Phthisis,	11
Cirrhosis,	1	Pneumonia,	2
Congestion of Brain,	1	Rachitis,	1
Cyanosis,	1	Scarlatina,	1
Debility,	3	Scrofula,	1
Dentition,	1	Spine Disease,	2
Gangrene of Lungs,	1	Syphilis,	1
Hydrocephalus,	3	Tabes Mesenterica,	1
Jaundice,	2		

Beside the patients who have entered the hospital, many cases of temporary sickness have been treated outside of the wards.

OPHTHALMIA.

Two hundred and six cases of opthalmia have been admitted into the hospital. The physician reports that this disease was almost unknown in the institution last spring. It then made its appearance among children brought here from the State Alms-house at Bridgewater, and spread with such rapidity that in August there were over one hundred cases in the hospital. This number has been reduced, so that there are but twenty-two cases remaining.

Two cases of diphtheria occurred, neither terminating fatally.

But one surgical operation of importance has been performed during the year. Four fractures, and two gunpowder accidents occurred, without any serious result.

REPORT OF HOSPITAL OF STATE PRISON AT CHARLESTOWN, MASSACHUSETTS.

But four deaths, according to the report of the attending physician of the Massachusetts State Prison, at Charlestown, have occurred in that institution during the year. One of the convicts was found dead in his room, without previous illness, and of the remaining three, all of whom died of phthisis pulmonalis, two had the disease when they entered the prison.

Thomas C. Brown, colored, sentenced to the institution April 22d, 1859, for subornation of perjury, was found dead in his room, October 5th, 1859. He applied to the dispensary in the morning of the day of his death, stating that when he arose he was unable to raise his hand to his head, although he had recovered the use of it at that time. Some simple remedy was prescribed. He did not ask to be excused from his usual employment. In the evening he received a simple astringent and anodyne potion to check a diarrhœa which had taken place since morning. Half an hour after he was found dead. A post-mortem examination, conducted by Dr. Calvin Ellis, of Boston, revealed an enlarged aorta as the only disease or deviation from health. The deceased was forty years of age.

Charles E. Jones, convicted of murder, his sentence being commuted to imprisonment for life, was received into the prison January 11th, 1859. At that period he exhibited strong marks of phthisical predisposition. Confinement day and night in his cell, although one of the most favorable in the institution, developed tubercular disease, which was followed by repeated and profuse hemorrhage. He was admitted to the hospital December 18th, 1859, and died March 14th, 1860, aged twenty-three years.

Mitchell Hersey, sentenced to the State Prison, August 22d, 1844, for eighteen years, died May 9th, 1860, also a victim to phthisis pulmonalis.

John A. Driscoll entered the prison June 1st, 1860, wearing a poor, sickly, emaciated look. He was admitted to the hospital June 28th. Whisky, cod-liver oil, tonics, and a generous diet did not prevent a rapid decline. He died July 28th. An examination of his body confirmed the opinion previously entertained. A large cavity was found in the apex of the right lung, and the remaining portion of this, and much the larger part of the left lung was thickly studded with tubercles.

Dr. Bancroft reports that death from pulmonary consumption occurs more frequently in the prison than from all the other causes combined.

Although small-pox and varioloid prevailed in Charlestown, and vicinity, during the winter of 1859 and 1860, not a case of the disease occurred in the institution, owing, in a great measure, to the efforts of the attending physician.

STATE ALMSHOUSE AT TEWKSBURY.

Dr. J. Brown, physician to the State Alms House, at Tewksbury, Massachusetts, reports that no epidemic has visited the institution during the year, to cause extraordinary sickness. The whole number of cases of sickness, which have received medical treatment, has been twelve hundred and two; the average number on the sick list, one hundred and fifty-two—men, fifty-eight; women, thirty-eight; and children, fifty-six. The number of birth, sixty-six. Five-sixths of the children born were illegitimate. The number of deaths have been one hundred and forty-seven; a large portion of which were from among those who entered the almshouse diseased.

There is no medical news of importance here this week. M.

NEWS AND MISCELLANY.

A New Sanitary Association.—An eminent sanitarian of this city has projected the establishment of a local sanitary association for Philadelphia, and has been seconded by a number of those interested in sanitary matters. It is not intended to make the society a strictly medical institution, but is to be composed of those generally who are devoted to the study of sanitary science and its practical application to public hygiene. Notwithstanding the present high sanitary condition of the city, the great advantage to Philadelphia of such an organization, in which will be united the most eminent sanitarians of this country, will be admitted. Such societies exist in most of the European capitals, and also in Boston and New York. The project will, of course, meet at once with favor from the profession; and when its beneficent objects are understood, will be appreciated by the public, and have its due influence on the municipal administration.

Statistics of Insanity in Europe.—According to the most recent statistics, there is one insane person in every 1,200 of the population, in the different states of Germany. In France, a gross number, (according to some,) of 18,350, and, (according to others,) of from 30,000 to 32,000 lunatics, will yield, respectively, one insane person in 1,900, and one in 1,000. But still, in this estimate, there should be a division made between the smaller towns and those great centres of commercial industry where the relative proportion is always greater than in agricultural districts.* In England, the number of insane is greater than in France, and attains in Scotland the high ratio of one in 513. The statistics, indeed, of Dr. Mario Rubio, framed in 1848, put the North British figure at one in 417. The mean average of his calculation will be found to be one in 446 in the canton of Geneva, one in 550 in Norway, one in 816 in Belgium, one in 700 in England, one in 1,223 in Holland, one in 1,667 in Spain, one in 1,773 in France, (there being about 21,000 insane,) one in 2,125 in Ireland, one in 3,690 in Italy, one in 5,818 in all the Piedmontese possessions. For Russia, the average is still lower. In these statistics, where France, we think, should figure at a higher average, we meet with considerable and hitherto unexplained disproportions; since Scotland is rated at one in 417, whilst Piedmont only attains the level of one in 5,818. It is evident, that amongst the insane of the latter country are not included those degenerate beings termed *cretins*, whose terrible affliction is dependent upon the geological structure of the soil, and who people in great numbers the valleys of Martigny and Aosta, and the mountainous districts of the Alps. The same anomaly shows itself in various departments of France; since, if we estimate its average by the lunatics in the asylums of Saint-Yon and Quatre-Mares, the proportion for the Seine-Inférieure will be as one to 650 or 700 of the inhabitants.—*Morel's Traité des Maladies Mentales.*

Resident Physicians of the Philadelphia Hospital.—The Medical Board of the Philadelphia Hospital have passed a resolution recommending the term of service of the Residents to be changed from two years to eighteen months.

There will be five Resident Physicians appointed early in April, who will be chosen from a number recommended as most competent, after an examination by the Medical Board of the Hospital. The names of applicants should be sent to the Secretary of the Board of Guardians, Seventh street, below Arch.

New Medical College.—The *Amer. Med. Gazette* says that the medical staff of Bellevue Hospital, New York, are projecting a new medical college in that city, in connection with the hospital.

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* The average of the agricultural counties of England, (1857,) is 18.37 per 1,000; of the manufacturing counties, 26.40 per 1,000.

French Vivisections.—The practice of inflicting unnecessary cruelty to animals, in vivisections, for trifling illustrations, which prevails in Paris, is receiving severe condemnation. The Paris Society for the Prevention of Cruelty to Animals has the subject under consideration. The custom of exercising pupils in surgical manipulations by operating on horses is particularly censured. Sir Francis Head, in his recent work on "The Horse and his Rider," thus alludes to the subject:

"What a disgrace it is to France, and especially to her brave army, that, while every cavalry soldier who distinguishes himself in action, covered with medals and glory, may proudly end his days in the Hôtel des Invalides, the horse that carried him in all his brilliant charges, when he is worn out and unfit for service, is liable to be led into an arena in the heart of the empire, to be before the public, not honored nor rewarded, but inch by inch, and bit by bit, to be dissected alive, until by the last sigh from his lungs, and by the last pulsation from his heart, he ends his account with his inconsiderate, ungenerous, and ungrateful country."

A New Mode of Punishment has been adopted at the New York State Prison. The hair of criminals is closely shaven, except a tuft on the top of the head, which is called the "Japanese comb." The ridiculous appearance produced makes the prisoners consider it a severe punishment.

If the object of punishment is the reformation of criminals, we have but little faith in the ordinary methods of its administration in our prisons. Such punishments as the above, and the half-drowning process of the "shower bath," look more as if done by the jailors for amusement, or to satisfy a fondness for vindictive cruelty.

Long Incubation of Vaccination.—A correspondent writes to us:

"One year and a half ago, I vaccinated a little grandchild of mine, six months old. It did not work, and the three incisions made rapidly healed up. She has never been vaccinated since; but about five months ago, all three places became sore, and she had the true vaccine pock. Her father vaccinated several children from her, and it worked well in every case. I saw the child last week, and found the well-marked, characteristic cicatrices."

Insanity in China.—Dr. S. Wells Williams, Senior Vice-President of the Medical Missionary Society in China, and who has been for twenty years resident in that country, states to us that he has observed but two instances of insanity among the Chinese during this period. He has seen a greater number of idiots, but the class is by no means numerous.—*Journ. of Insanity.*

The Louisville Medical News closes its existence with the December number, which we have just received. The cause of death will be seen from the following closing editorial of Dr. Benson:

"*To Delinquent Subscribers.*—Gentlemen, your kindness has been our ruin—your favors, our destruction—your smiles, our tears—your approval, our bankruptcy. How rejoiced you must be, when you read this, our epitaph; and, with your Havana curling its grateful clouds above you, thank God that you yet outlive the storm. We envy not the digestion of your next meal; but were it shingle nails and crab cider, it should lie more easily upon your stomach, than the consciousness of your unjustice, upon your memory.

"*To Subscribers Not in Arrears.*—Gentlemen, we desire to thank you for your promptitude, and express our deep regret that your numbers had not been greater."

We are sorry; the *News* was an excellent and high-toned journal.

Criminal Insane.—A State Asylum for the Criminal Insane, comprising 290 acres of land, and accommodations for 500 convicts, is about to be completed in England. The number of this class of persons has steadily increased for several years, until, at the beginning of the present year, not less than 731 were reported.—*Amer. Jour. of Insanity.*

Prospectus of an Obstetric Annual.—The undersigned proposes to issue on the first day of January of each year a volume of 400 to 600 pages, devoted exclusively to obstetrics and the diseases of women.

It will consist of a liberal exposé of everything new in relation to these important branches of medicine, as no pains or expense will be spared to extend inquiries into every field.

Subscription price—*payable invariably in advance*—four dollars per annum, or fifteen dollars for four subscribers. The work will be commenced on the cash principle only, and the patronage of the real friends of medical literature is respectfully solicited. Early remittances are asked, in order that it may be ascertained whether the expense of the undertaking will be met. Patrons may rely on it, that with each year improvments as to size, etc., will be instituted to the fullest extent warranted, as the object is not to erect a money-making machine, but to exalt and improve a most neglected branch of medicine.

All editors of medical journals are respectfully solicited to exchange from this date, in order that all proper facilities may be thrown in my way.

All exchanges, subscriptions, and communications of every kind, to be directed to

D. Warren Brickell, M. D.,
Box 346, Post Office,
New Orleans.

N. B.—All editors of medical journals are solicited to insert the foregoing.

Answers to Correspondents.

J. O'B., M. D., asks the following questions:

1. Do facts prove the possibility of pregnancy following a rape?

2. What is the prevailing opinion among writers on medical jurisprudence, physiologists?

Ad. 1. The first question must be answered most decidedly and unequivocally in the affirmative. Facts do not only prove the *possibility*, but show a great *frequency* of conception and pregnancy during and after rape.

Ad. 2. Authors, both forensic and physiological, are unanimous in answering the question as *sub. i.*

Dr. J. F. Archbald, Pa.—Send in your case of resection of the radius; it may possess features of general interest.

Dr. E T. B., N. J.—We think you have proved pretty conclusively that there are *three* "screws loose!" You are credited to Jan. 1, 1862. Hodge on Women was sent by mail prepaid. We take it for granted that it was received.

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COMMUNICATIONS RECEIVED.

Alabama—Dr W. M. Menefee. *Connecticut*—T. G. White, Dr. J. H. Hoyt, (with encl.,) Dr. C. C. Allen, (with encl.,) Dr. J. Prior, (with encl.,) Dr. W. K. Scofield, (with encl.,) Dr. S. Lynes, (with encl,) Dr. J. W. McLean, (with encl.,) Dr. J. W. Pardee, (with encl.,) Dr. W. H. Wheeler, (with encl.,) Dr. C. S. Thompson, (with encl.,) Dr. D. Rowe, (with encl.,) Dr. J. H. Wilson, (with encl.,) Dr. T. S. Curtis, (with encl.,) Dr. H. S. Burpee, (with encl.,) Dr. L. Gaynor, (with encl.,) Dr. G. R. Cooley, (with encl.,) Dr. C. R. Hart, (with encl.,) Dr. G. W. Burke, (with encl.,) Dr. S. Parmela, (with encl.,) Dr. T. E. Buck, (with encl.) Dr. A. B. Worthington, (with encl.,) Dr. C. D. Wright, (with encl.,) Dr. L. Bailey, (with encl.) *Delaware*—Dr. G. G. Chamberlain. *Iowa*—Dr. S. E. Rhinehart, (with encl.) *Illinois*—Dr. J. A. Brown, Dr. S. M. Swan, (with encl.,) Dr. A. S. Barr, Dr. B. Woodward. *Indiana*—Dr. H. M. Crouse. *Kentucky*—Dr. J. O'Brien. *Maryland*—Dr. F. Howard, (with encl.,) Dr. W. B. Magruder, (with encl.) *Massachusetts*—J. M. Gibbons, (with encl.,) Dr. H. H. Mitchell, Dr. J. K. Borden, Dr. Millet. *New Jersey*—Dr. J. A. Nicholls, (with encl.,) Dr. S. Wickes, Dr. I. Johnson, Dr. E. T. Blackwell, Dr. T. R. Crittenden, (with encl.) *New York*—Dr. J. J. Richards, (with encl.,) Dr. J. Hoffman, Dr. J. A. Easton, (with encl.,) Dr. J. Horsfield, (with encl.,) Dr. H. L. Harton, (with encl.,) Dr. J. Hoffman, (with encl.,) Dr. J. A. West, Dr. A. C. Campbell, (with encl.,) Dr. C. E. Van Anden, (with encl.,) Dr. J. G. Howe, (with encl.) *North Carolina*—Dr. L. Stewart, Dr. G. M. Morrison, (with encl.) *Ohio*—Dr. MacNicholl, (3,) Dr. Wm. Stanton, (with encl.,) Dr. E. Brugh, (with encl.,) W. S. Merrill & Co., Dr. J. Merrill, (with encl.,) T. J. Jung, Dr. L. Wilson, (with encl.,) Dr. S. R. Thompson, (with encl.,) Dr. T. W. McCauley, (with encl.,) Dr. M. Johnson, (with encl.) Dr. B. F. Lamet, (with encl.,) Dr. E. Cass, (with encl.,) Dr. C. C. Hildreth, Dr. W. B. Davison, Dr. J. Baggs, Dr. N. E. Jones, Dr. J. Hoover, (with encl.,) Dr. J. T. Mackall, (with encl.,) Dr. W. Hare, (with encl.) *Pennsylvania*—Dr. H. A. Grim, (with encl.,) Dr. T. C. Yeager, Dr. C. R. Cowdrick, (with encl.,) Dr. J. Foote, (with encl.,) Dr. E. H. Horner, (with encl.,) Dr. G. Underwood, (with encl.,) Dr. A. K. Rohrer, (with encl.,) Dr. H. D. Witman, Dr. L. R. Kirk, Dr. J. G. Hartswick, (with encl.,) Dr. E. L. Melsheimer. *South Carolina*—Dr. R. W. Gibbes. *Tennessee*—Rev. J. R. Groves. *Virginia*—D. W. Washington, (with encl.)

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TWO STUDENTS.—A Young Man, with a good Preliminary Education, desirous of studying Medicine, is wanted in a Town in the State of Delaware, to superintend a Drug Store. For his services instruction will be given. Books furnished with all the necessary Appliances for Office Study, the Advertiser being a Graduate of the University of Pennsylvania.

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THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 228. | PHILADELPHIA, MARCH 2, 1861. | NEW SERIES, VOL. V. NO. 22.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Sciatic Neuralgia, with a Case. Delivered at the Pennsylvania Hospital, Jan. 16, 1861,

By Joseph Pancoast, M. D.,

Attending Surgeon; Professor of Anatomy in Jefferson Medical College.

[Condensed from Phonographic Reports.]

The case before us is one of sciatic neuralgia in an adult male, which the patient attributes to his lifting a heavy stove. If this be the case, it must have been from the immense pressure of the abdominal muscles and the diaphragm, acting together, in the violent effort of lifting, and squeezing all the viscera between them, and thus pressing upon the sciatic plexus of nerves where it passes out at the upper sciatic notch.

Cases of sciatic neuralgia are always difficult to cure. Their causes are various: sometimes it depends upon a growth of bone, a little exostosis pressing upon some one of the branches of the great sciatic plexus of nerves, while at other times, as in neuralgia of other parts, it depends upon an inflammation of the neurilemma of the nerve itself.

Dr. Physick believed that, in these cases, an effusion of serum occurred in the sheath; but this has not yet been revealed by anatomical observation.

Very many cases of sciatica may be traced to mechanical causes of pressure. Whenever patients complain of excruciating pains down the leg, and at the same time in the back, so that the course of the sciatic nerve can be traced out, the difficulty will very frequently be found to depend upon the accumulation of fæces in the colon or in the rectum, pressing upon the branches of the sciatic nerve, and of course, in these cases, a cure may often be effected in twenty-four hours by a thorough purge of one or two drops of Croton oil, with four grains of rhubarb.

Sometimes, however, in obstinate cases of sciatica, even after death, it is impossible to find any real physical cause for the suffering. It seems, then, to be often owing to a derangement of the whole nervous system.

As the pathology is obscure in these cases, the treatment is more or less empirical. The patient before us has been suffering for thirteen months, six of which have been passed in the hospital; various plans of relief have been instituted without the slightest advantage. He walks with pain and difficulty, using a cane and limping along. He has taken a dose of Croton oil; but, though causing free purgation, it has not benefited him. He complains of great pain along the peroneal nerve.

Where there is pain along a particular nerve and limited to one spot, it is generally gouty, rheumatic, or syphilitic, as these diseases affect the fibrous tissues, which swell and compress the nerve.

If there be reason to suspect a syphilitic origin to the neuralgia, then the treatment would consist in giving mercury in the form of calomel, with a little James's powder and some morphia, until salivation is produced.

Neuralgia about the face is thus frequently relieved when dependent on syphilis, which is often the case, as the nervous branches are numerous, and pass through different foramina lined with periosteum, the slightest affection of which causes it to press upon the nerves in contact with it. In other cases, the neuralgia, especially that form known as *tic douleureux*, arises from malaria. When it occurs from miasmata, it is cured by quinine, combined with morphia.

So little evidence of disease does this patient before us present, that there has been some suspicion that he feigned to be worse than was really the case, in order to retain his comfortable quarters for the winter; but this suspicion is probably groundless.

Various methods have been employed to procure relief, but without avail. Counter-irritation has been made in various ways; small blisters have been placed up and down the course of the leg, which seem to have done more good than anything else. Sometimes large doses of the spirits of turpentine are given with very great advantage.

Many cases have been cured by touching a hot iron between the little toe and the toe next to it, until the part is sore. Malgaigne recommends touching the helix of the ear in the same manner. This, he says, will often produce an instantaneous cure from the general shock to the nervous system. So with other remedies.

In these cases it is necessary to examine the hip-joint, to see whether there exists any sign of disease.

In some of these cases, the greatest benefit has been derived from acupuncturation, a practice which originated with the Chinese and Japanese.

Formerly, Dr. Pancoast was in the habit of passing needles through with great care, so as not to strike the nerve; now he prefers to run the needles directly through the nerve and pin it down upon the ischium.

The needles, should be inserted by rotation, separating the tissues, for they will not pass through the fibres, but separate them and pass between. A needle might be passed through a great vessel without doing damage, and through the heart without serious consequences. When an acupuncture needle is passed through a nerve, it often gives rise to a feeling of heat or a glow of warmth through the part to which the nerve is distributed.

Dr. Pancoast has seen cases of neuralgia of the scalp in which death would have ensued, but from the adoption of this process, and he has passed as many as eighteen or twenty at one operation, driving the pins as far as possible into the bones of the scull, producing perfect relief in the course of a few minutes.

In the present case, the acupuncture needles were passed at small distances through the nerve into the periosteum covering the ischium, pinning the sciatic nerve to the tuberosity of the ischium. The needles are to be left in for some time.

January 23d. It is now certain that injustice was done the patient by the suspicion of feigning the disease. As he walks he presses the outer border of the foot upon the ground, raising the inner border, though, by a straining effort, he can succeed in bringing the inner border to the ground. This is owing to a neuralgic condition of the cutaneous nerves. The metatarsal bone of the little toe is pressed down upon the floor as he walks.

Since the acupuncturation he has had no pain about the sciatic notch; but otherwise he is not improved, and he walks no better than before.

When asked to point out the seat of pain, he traces up distinctly the cutaneous branch of the musculo-cutaneous nerve, a division of the peroneal in the ham going up to the head of the fibula.

There is no locality in the body where the neuropathic condition is more difficult to remove than in this branch, which winds around the head of the bone, and, passing sometimes underneath one of the peronei muscles, sends a muscular branch to the peronei muscles, winding around the posterior portion of the exterior ankle bone, while another branch winds around the foot.

Perhaps it is to avoid the motion of these muscles that he walks with his foot on its outer border.

Dr. Pancoast has sometimes found neuralgia, involving this nerve, utterly beyond control. He has tried the hot iron, blisters, the endermic use of morphia and of strychnia, without much benefit, and it is not a nerve which we dare to divide, because such proceedure would be followed by paralysis of the peronei muscles, as well as of sensation of the outer margin of the foot; it would produce dropping of the toe, in this effect analagous to the musculo-spiral nerve of the arm.

It is proposed to try the effect of a number of moxas along the course of the sciatic nerve, and if benefit should result from this treatment, to keep up a succession of blisters.

The hot iron of Carrigan has already been applied, but without benefit.

Pressure over the sciatic notch produces no longer pain, though it made him wince, before he was subjected to acupuncturation.

The moxa is preferable in this case to the hot iron, because it burns more slowly and thereby makes a longer and deeper impression.

A quantity of lint, wet with warm water, was laid about the part selected for the application of the moxas, in order to protect the surrounding skin from the scintillation.

The moxas employed were made of gun cotton which had been soaked in a solution of the chlorate of potash, and allowed to dry completely; the cotton being then rolled up into rounded masses and fastened in a cylindrical form by a piece of linen wrapt round them.

Moxas may be made of other material; they are made from the pith of the sun-flower plant; of pledgets of old linen; of rotten wood completely dry and powdered and mixed with alcohol, rolling the mass into a cylindrical form, which was the favorite moxa of Baron Larry.

It was not desirable, in the present instance, to administer an anæsthetic, because, in order to judge of the impression made upon the nervous system by the application, it is necessary to retain the sensations of the patient.

Three moxas were applied along the course of the nerve; one where it winds around the ankle and the others higher on the limb. Immediately after the moxas had ceased burning, the parts around were washed with strong aqua ammonia as a contra-stimulus.

The day following the application of the moxas, the man was able to walk about the ward with very little difficulty and considered himself almost well. The day after, however, he began to relapse a little, and the next day he did not appear to walk much better than he did before the moxas were applied, though he places the foot more firmly on the ground.

His condition is much better in the morning than later in the day.

There is no local specific disease in these cases. It is a general affection of the nervous system, which manifests itself in some particular nerve. It is quite different from the sciatica, which sometimes comes from some affection of the neurilemma of the nerve, or from syphilitic or other disease of the periosteum, which causes pressure upon the nerve.

When the hot iron is applied in these cases, as recommended by Malgaigne, it is not with the hope of benefit from the local effects of the remedy, but it is with the hope that the shock produced upon the whole mass of the nervous system will produce relief.

The patient has had no return of the pain about the sciatic notch, or at the lower part of the limb; but it still remains about the femoral portion of the sciatic nerve, to which some more moxas will be applied.

Clinical Remarks on Acute Articular Rheumatism at the Pennsylvania Hospital, February 13, 1861.

By Francis G. Smith, M. D.,
Attending Physician.

John Eulen, a native of Belgium, two years and a half a resident of this country, has been sick for seventeen days with acute articular rheumatism.

In presenting the case to the class Dr. Smith made the following remarks: When I took charge of the wards, on the first of the month, I found this man sick in bed with acute articular rheumatism. He was attacked about a week before I came on duty with fever, hot skin, profuse perspiration, pain and heat in the joints, but had no diarrhœa. He presented, in other words, well-marked symptoms of rheumatic fever, with articular implication. There was presented that peculiar, flushed look often seen in acute articular rheumatism; the surface was perspiring, emitting the peculiar acid smell; the pulse was full and tense; he had pain on moving the joints, which is characteristic of this disease. As you see him now these symptoms have disappeared entirely, so that he can walk without pain, sleep without being disturbed, and considers himself well. This is a disease constantly met with. Perhaps no disease falls more frequently under the observation of the physician than acute rheumatism, whether it presents itself in the form of rheumatic fever or whether complicated with articular affections. It will not be out of place, therefore, to express some views in regard to its pathology, and also in regard to what has been a successful plan of treatment.

In the first place, what is the pathology of this disease, and upon what does it depend?

Is it purely a local disease manifested in inflammation of certain joints, or does it depend on the existence of a poison in the blood?

Gout, we know, depends on the existence in the blood of lithic acid, which results from the retrograde metamorphosis of the products of animal food introduced into the system over and above its wants. Those who indulge in the pleasures of the table, eat largely of animal food, and take but little exercise, take into their body more nutritive material than is ne-

cessary to make up for the wear and tear continuously going on in the system. If a man eats a large quantity of animal food and takes sufficient exercise to burn up all the excess, he will probably escape disease; but, if in connection with luxurious living, he leads an indolent life, and takes an insufficient amount of oxygen into his system, that food will undergo changes in its backward progress into creatine, creatinine, uric acid, urea.

These changes require the introduction of oxygen into the blood—in other words, a certain amount of combustion must take place for their production; if, therefore, a man takes exercise sufficient to carry on all these retrograde metamorphoses, the surplus matter will make its escape from the system in the form of urea. If it stop short of this, the uric acid will accumulate in the blood, and is regarded as the materies morbi of gout.

Rheumatism depends on the existence in the blood of an analogous poison—lactic acid—in consequence of a defect in the primary or secondary assimilation of the food as taken into the system. One reason why it prevails more than gout among the poor, is that the food which they consume is more liable to be converted into lactic acid than that consumed by the better classes of society. In the higher classes, where animal food is most indulged in, lithic acid is the result of the metamorphosis, while in the poorer classes, who rely largely on farinaceous food, the transformation of the latter is into lactic acid.

Whenever this material accumulates in the blood in large quantities, in consequence of an inability to undergo the transformation into carbonic acid, every effort is made on the part of nature to eliminate it from the system. We thus find it in the acid perspiration met with in rheumatism. I have noticed the effect of this acid perspiration on litmus paper, by putting it in contact with the bedewed surface of the skin, and seeing it change from blue to red.

It is, however, frequently observed that the profuse sweating which is so constantly seen in this disease, does not always relieve it, and it seems, therefore, as if this outlet is not sufficient for the elimination of the poison. There are other outlets by which it attempts to escape from the system; among these are, especially, those surfaces which we find well supplied with blood, and where the blood-vessels are comparatively naked; where the blood circulating in them is but little exposed to any detention from glandular structures, and where, therefore, their contents are most readily able to escape. Thus, we find the serous membranes, the peritoneum, pleura, pericardium, even the arachnoid membrane, but more especially the synovial membranes of the joints, to be some of the outlets from which this materies morbi endeavors to escape. In a patient affected with acute articular rheumatism, the synovial membranes are the localities where the disease most frequently manifests itself; congestion takes place in them; there is a larger supply of blood, in consequence of which a diseased synovia is poured out, loaded with this acid secretion, and this, acting as an irritant, produces pain in the joint, and causes that swelling and bulging of the synovial capsules so constantly seen in this disease. This is the reason why you find in the large joints heat, swelling, and redness.

The synovial capsules are not the only ones liable to be affected; it is not unusual to find a patient with rheumatic fever laboring under peritoneal rheumatism, or even peritoneal inflammation—an accident not very common, it is true, but which does occur sometimes. Pleuritis is not an unusual complication, while pericarditis is so common and frequent, that many pathologists contend that you never meet a case of acute articular rheumatism, without having, at the same time, a pericardial inflammation.

Endocarditis is also a common complication; in fact, in all these surfaces where the blood escapes with much difficulty we may have manifestations of disease presenting themselves; sometimes even we have pneumonia.

There are other materials capable of producing these same symptoms. There is a puerperal articular rheumatism from a materies morbi derived from the internal surface of the uterus. The matters detained contaminate the whole blood, and often give rise to a form of rheumatic fever, accompanied with swelling in the joints, sometimes very painful, going further than in ordinary acute articular rheumatism, so as to produce inflammation, ulceration, destruction of the articular surfaces, and filling the joints with pus. From the simple introduction of certain noxious materials in the blood, the whole train of symptoms follow; they act as a ferment, and nature endeavors to eliminate them in the manner described.

If this be the true theory of rheumatism—and there seem to be strong reasons for accepting it,

as ably illustrated in the late Dr. Todd's clinical lectures—what should be the proper plan of treatment?

What is the plan of treatment in all cases where there is a poison in the blood? Certainly, elimination.

In scarlatina the endeavor of nature, and the object of treatment, is to eliminate the poison; so in small-pox, and indeed in all exanthemata, depending on the presence of a poison in the blood.

In typhus and typhoid fever where there is an introduction of a poison in the blood, certainly the safest plan of treatment is elimination with sustentation.

In articular rheumatism we see that the skin is endeavoring to throw off this acid by profuse perspiration. Let us then trust her, and help nature, and try to assist in throwing off the poison by the administration of diaphoretics. This we can readily do by a class of diaphoretics, the salines, which are known to have a direct tendency toward the cutaneous surface. Another symptom of the disease, which it is important to meet, is the pain. Two indications, therefore, present themselves—first, to assist the elimination; and, secondly, to relieve pain.

By combining the saline diaphoretic with some opiate and a little ipecacuanha, we have fulfilled all these indications.

If the pain is not very severe we may omit the opium altogether, and adopt a more thoroughly eliminating process by the administration of some of the carbonates of the alkalies.

In the case presented to the class, the plan pursued was to give three times daily ten grains of the acetate of potash, (the old sal diureticus,) in combination with an equal quantity of carbonate of potassa, so that the patient should take three times a day twenty grains of the mixture. It was given freely in diluent drinks. It produced free diuresis, and, besides, caused an unusual amount of fluid to be eliminated in the course of twenty-four hours by diaphoresis also. Through these two instrumentalities the poison seems to have been thoroughly eliminated from the system. While doing this, we were careful to sustain the patient's strength; for in all cases where blood-poisoning exists, there is a tendency on the part of the poison to depress the powers of the system, and to produce a toxical influence on the nervous system, which manifests itself in delirium, or extreme depression of the nervous powers. We give, therefore, animal broths, with a slight amount of stimulus. We also endeavored to eliminate this poison from his blood by local applications, tending to increase the sweating powers of his joints; they were closely wrapped up in carded wool, carefully prepared; as this is compressible into all forms and shapes, it could be wrapped all around the limb or the painful joint. Outside of this, an envelope of oiled silk was placed, which kept up profuse sweating, so that when removed, after having been on for twenty-four hours, the silk was completely loaded with perspiration.

COMMUNICATIONS.

Remarks on Dr. Levis' Application of the Metallic Ligature to the Cure of Varicose Veins, with Report of Two Cases.

By J. M. Boisnot, M. D.,
Of Philadelphia.

It is more with the object of contributing something that may substantiate an operation that the readers of the Reporter are already acquainted with, than to advance anything new, that the following remarks are submitted. The number of cases of varix existing, and the previous want of an operation to safely effect a radical cure, make a method likely to be followed by success, and especially one that has simplicity and freedom from danger to recommend it, of great importance.

Varix depends for its existence upon two principal causes—an imperfect condition of the veins themselves, and anything retarding the return of the blood through them; the first being due both to constitutional and local causes; the second mainly to mechanical. To be more explicit: in a person where the return of the circulation is unequal to the distribution, we have a cause acting upon the veins that will be followed by distension, not only in the main trunks, but also in the branches. Imperfection in the valves is what I refer to as local, and pressure the mechanical cause. Varix of the lower extremities is essentially a disease of the saphena interna; the continuous length and superficial position of this vein explain, in a measure, why this is so.

A derangement of the circulation must first affect the main trunk; afterward the confluent branches. Independently of the cause, therefore, we say, as it is the saphena interna that first

suffers so must it first be treated. The veins in this disease may be compared to streams which, under ordinary circumstances, are able to drain perfectly the adjoining land; but, when unusually filled, suffer, not only in themselves, but by communicating the force of the flood to tributary branches, damage contiguous parts also. To accomplish the desired end, therefore, we must force the current in a different direction, and away from the suffering parts; this the operation under consideration does most effectually; and, as it is simple and productive of little or no subsequent irritation, we see no reason why it should not meet with general approbation.

The success of the operation so far has been such as to leave no doubt of its efficiency, while its simplicity and freedom from danger tend strongly to recommend it. Subsequent irritation and inflammation seem to have been the principal sources of objection to previous operations, but this is overcome by the fact that silver wire is unirritating, and subcutaneous operations, generally, do not produce inflammation.

Nearly all the operations heretofore advised for the cure of varix have been opposed, or reluctantly performed, on account of their liability to produce fatal inflammation, and yet the idea that a certain amount of inflammation was indispensable to effect a cure has been embodied in all of them. Now, it is this that is avoided by the operation under consideration, and yet the desired end attained, viz: *obliteration* of the veins; and this we maintain is accomplished, not by inflammation, but in the same manner that the umbilical vein and ductus venosus, deprived of their circulating current, become reduced to fibrous cords.

Case 1.—Mrs. R., æt. 42, came under my care in the autumn of 1859. She was suffering from a varicose condition of the veins of the right leg, and an ulcer near the external malleolus of the same. This condition had existed nearly three years, the varix having formed during a twin pregnancy, and the ulcer originated from a bursted vein. From the first she had been under medical treatment, but no operation had been performed. The usual palliative measures had been employed with the usual success.

I relied upon strips of adhesive plaster as the best means for exerting a constant and uniform pressure upon the part. The subcutaneous application of the metallic ligature had not been advised. As soon as I was informed of this operation I resolved to try it upon the case under consideration. In November last I placed a silver ligature upon the saphena interna, about three inches below the knee joint, and one upon a tributary branch, midway between the knee and ankle joints, in accordance with the directions already given in this journal. No dressing was applied to the ulcer, excepting dry lint, and at no time were the wires interfered with until their removal at the time of cure, which was seven weeks from the time of operating.

Case 2.—William G., æt. 63, called me to attend him Nov. 9th, 1860. He was confined to bed by a very large ulcer, situated just above the internal malleolus of the right leg, dependent upon varicose veins. I was informed that the ulcer had existed since 1824, and had never been entirely healed from that date, being a duration of THIRTY-SIX YEARS. He was feeble, anemic, and unable to go about, excepting from one room to another by the aid of crutches. The ulcer discharged a very offensive, ichorous pus, and presented an extremely indolent appearance and no disposition to heal. He had been under the care of physicians and surgeons of eminence, both in this city and New York, without material benefit to either the ulcer or the veins, although the latter had been subjected to the much lauded caustic treatment.

I proposed the operation of subcutaneous ligation, but was not allowed to perform it before the 28th of November. The points of ligation were the same as in the previous case, the ends of the wire were covered by strips of adhesive plaster, a compress of DRY, soft muslin was placed over the ulcer, and a roller applied from the toes to the knee. The bandage was removed every two or three days for the first two weeks after the operation, and the ulcer washed with soap and water. This constituted the whole of the local treatment. Constitutionally he received a nourishing diet, with quinia and iron. The irritation from the wire was at no time sufficient to produce more than slight redness at the point of entrance and exit. On the forty-sixth day after the operation, finding the veins, where ligated, quite solidified, and the ulcer entirely healed, I untwisted the wires and withdrew them. The cure seems perfect, and, at the present time, he is able to go about free from lameness and in good health.

Dislocation of the Femur Reduced by Reid's Method.

By B. F. Wagenseller, M. D.
Of Selins Grove, Pa.

On the evening of December 3d, I was hastily summoned to the country to see the daughter of Solomon R———, a stout, hearty, young girl, of about ten years of age, supposed to have fractured her thigh bone. Having arrived three hours after the accident, I made a careful examination, and found it to be a dislocation of the thigh upon the dorsum ilii. Fully satisfied in regard to the diagnosis, reduction was accomplished in the following manner:

The patient being placed upon her back, the leg was flexed upon the thigh, and the thigh gradually upon the body, at the same time directing the limb over the sound one, and giving to it a circular motion up over the pubis, when, whilst giving the leg the rotary motion, advised in this plan of reduction, the head of the femur easily glided into its natural position. The reduction was not accompanied with the "audible snap," usually said to occur in these cases, owing, no doubt, to the age of the patient, but the slipping of the bone over the edge of the acetabulum and into its natural socket was quite perceptible, and gave to the hand of the operator the sensation that all was right. The limb was now easily brought down alongside of its fellow, to the straight position. Simple retentive apparatus was used, so as to confine the injured limb to the sound one. A liniment was directed to be applied to the hip, with rest, and in the course of three weeks the patient was able to walk the distance of half a mile to school.

On account of the difficulties, and, in some cases, almost impossibility of reduction in these cases by the old method, we conceive the profession to be under lasting obligations to Dr. Reid for this discovery. That the method, with perhaps slight modifications, under certain circumstances, will apply to a large majority of cases of dislocated femur, we have no doubt, and, to establish its value, we hold it to be the duty of practitioners to make a record as to the success or failure of the cases which may come under their immediate observation. Highly gratified with its result, in this instance, we shall not fail to resort to it again, should opportunity occur, and we hope to see the day when its utility shall be firmly established, and the old and more rude method by pulleys and counter-extension wholly superseded.

Microscopia of the Acarus, or Scabies-Mite.

By Gerard Arink, M. D.,
Of Rochester, N. Y.

Who it was, of our race, that first gave to the world any particulars of the history of the Scabies-mite, or first wrote about this crawling guest of the live animal, is, to this day, a mystery. According to some, Avenzoar was the first who pronounced these scabiei to be parasites, but in regard to anything specific concerning them, history is silent. We may also mention Bourguignon, who first described the male acari, and has given a drawing of the same.

A beautiful monograph appears in the "*Veeartseng Hundige Magazyn*," by Prof. Numan, of Utrecht, called "The Scabies, and the Acarus Scabiei."

According to Prof. Gerlach, of Berlin, every animal has its peculiar acari, which can be migrated upon other animals, although the acari of certain animals are so similar, that it is with great difficulty any difference can be detected in them, either in size, habits, or length of life. Prof. Delafond, of the Veterinary School of Alfort, made extensive experiments upon himself and his students. He studied the habits and peculiarities of the acari upon different animals, viz.: upon the horse, cow, sheep, dog, cat, rabbit, hog, fox, bear, hyena, lion, and dromedary, and ascertained that scabies could be induced upon all these with equal facility, in the case of their being exposed to it.

Correspondingly liable, also, are the human race to its cultivation upon their persons, if exposed. Acari may be described, generally, as of two kinds: the *sarcoptes* and the *dermatodectes*. The sarcoptes are again divided into four kinds, 1st. sarcoptes hominis; 2d. sarcoptes suis; 3d. sarcoptes equi; 4th. sarcoptes canis; and the dermatodectes into two kinds: 1st. dermatodectes equi, and 2d. dermatodectes ovis.

It is a well-understood truth in regard to all acari, that they, for the most part, flourish only upon dys-crasiatic subjects; neglect, degradation, and uncleanliness, being primary causes of their existence. They love a filthy atmosphere, such as is apt to surround the deeply fallen and degraded. But they cannot live where purity, cleanliness, and order exist. Filthiness in men or animals is always the cau-

sa morbi, and not, as the old theory taught, impurity of the blood. Hence, there is no ground for fear, as used to be taught, of metastases of scabies to the brain, lungs, or abdomen.

A healthy, well-fed animal will keep its skin clean; while an animal that is ill or insufficiently fed, has no spirit to do this. The anæsthetic subject, moreover, fails to appreciate the itching and irritation accompanying the visitation of the scabies, which would so distress any one whose nerves were in healthy activity. Acari, or scabies-mites, are the only cause of scabies among men and animals, producing disorganization of the skin, and all the symptoms accompanying the same.

In regard to the generation of scabies, one impregnated female can populate an entire subject, being migrated therefrom. The multiplication of acari is effected by the ordinary method of animal reproduction, following out, in their case, certain facts common to insect life, viz.: the preponderance of females over males in point of number, and the much larger size of the former over the latter. The period of gestation continues some days; the female lays two eggs each day, after she has commenced laying. These eggs are laid, to the number of twenty, in the subcutaneous passages of the skin, in astonishing order. These acari, especially the dermatodectes, have often been found in a state of copulation. The life of the female ends when the process of egg-laying has terminated. The newly-hatched acarus has three pair of feet; a fourth pair expands on the fourth or fifth day; the period of its growth continues from ten to twelve days, in which time it changes its skin for a new one, which, by some, has been wrongly supposed to be a metamorphosis.

What is the cause of the abnormal condition of the skin produced by these acari? Not the stinging or prickling occasioned by the creeping or eating process of the mite, but its excretions of sharp fluids. This irritating fluid can be innoculated into any animal subject with the point of a needle, and, in two, six, or eight days, the result will be a sore in full flower, accompanied with strong itching, especially if the subject be warm, or there be a congestion of blood in that portion of the skin. Constitutional individuality, construction, and composition of the skin, makes the character of the scabies mild or severe. The scabies in men or animals is not bounded by climate or country, although we find it in some countries more, in others, less abundant. For instance, according to Prof. Gerlach, of Berlin, Poland seems to be especially predisposed for scabies, and horses and sheep, sent thence to other countries, transport the acari with them. In Prussia, the hog seems to be peculiarly infested with these pests; in Westphalia, the cat; in France, sheep; and in Switzerland, goats.

The best means of exploing the acari is by exposing the sore to the sun, when, sometimes, their crawling can be perceived by the naked eye; especially is this the case with the dermatodectes. When the scab with the epidermis is taken off from the skin and examined on a piece of black paper, in the strong light of the sun, they may be seen to crawl out of the scab upon the paper; if such a scab is applied to the arm, and secured by a bandage from falling off, in about twelve hours afterward the acari will have left the scab, and nestled themselves into the skin, where their presence will be discoverable by the formation of a small red papula, with a white point to it. Upon opening this papula with the point of a needle, we can easily separate the mite. To destroy them in the arm, after such an experiment, it is only necessary to rub the part with a little oil of turpentine.

Prof. Gerlach, experimenting on the artificial hatching of the eggs of the acari, found as the result, that it needs about three days, or from sixty-four to seventy-four hours to hatch them. Eggs taken out of the skin when fresh laid, will remain ten days good for hatching, if they do not dry up from exposure to too great warmth. The horse-mite, it seems, may remain good for hatching from three to four weeks. Eggs that that are partially hatched, will continue good for some days without losing their power to be hatched. From these observations, we learn that the cloths and coverings used for horses and other animals, as well as linen worn by human beings, can produce upon other creatures the recidive scabies. It has been ascertained that the female acarus lays two eggs every day, and allowing from fourteen to twenty or twenty-two days for their development, it is easy to perceive how rapid their multiplication may be. The migration of one impregnated female upon the human subject, will soon populate the whole body. The length of life of the female is about one month; taken from the skin and exposed in a warm dry room, it lives from three to four days; but in wet dirty linen it can live ten days.

A newly migrated mite makes his way into the skin by the orifice of the hair-sac, and insinuates itself to the root of the hair, so that such orifice is always the commencement of its subcutaneous passages; the young mite digs the deepest into the skin, because the deeper, the softer cutaneous strata he finds for his support. Bœcks, writing of the Norwegian scabies, in the Spedalsked, speaks of having seen scabies excrescences half an inch high on the surface of the body, composed of epithelium, scabs, dry exudation, cadavers, and excrements, on all which the mite lives luxuriously. Among those who have labored in this field of investigation, may be mentioned Fuchs, in 1852, Hebra in 1853, and Gumpert in 1856—all in Germany—and Rigler in Constantinople.

That the scabies treated of in this article, and of which the above-mentioned wrote, are identical, can be proved, not only from the form and character of the scab, but also from the identity of the sarcoptes.

Therapia.—Not long since some of our best Medici pronounced sulphur to be the specificum for scabies. Sulphur applied externally and internally, as well for men as for animals; apprehension always being felt lest metastasis should occur. Thanks be to the microscope for the important discovery of this parasite; we are now able to study its habits, and know that it is an easy thing to destroy it. It cannot live in a pure atmosphere; the surroundings of uncleanliness and neglect are their air and soil for cultivation. It is more difficult to eradicate them from animals than from human subjects.

Gerlach recommends the use of creosote, especially for animals:

1st.—Creosote wash—one drachm of creosote dissolved in two oz. alcohol, and diluted with 6 oz. water.

2d.—Creosote oil—one drachm creosote oil and 6 oz. lard oil.

3d.—Creosote unguent—one drachm creosote mixed with 4 oz. lard.

Rub either of these preparations well into the skin over night, and wash with warm soapsuds in the morning.

For human scabies the best remedy is a warm artificial sea-bath, taken every evening. It may be prepared by mixing four pounds of kitchen salt in two pails of luke-warm water. Or, as a bath, use the following; one pound of potassa dissolved in two pails of warm water, After the bath, put on clean linen; in the morning, wash the whole body with cologne, or take two drachms of lavender oil, one scruple of oil of cloves, and one pint of alcohol, mix well together; or, sulphate of zinc, one drachm, and rose-water, six ounces, also, mix and use as a wash.

This method of cleansing the system of the scabies pest is evidently a great improvement upon the use of disgusting sulphur-ointment, or the more dangerous arsenic and quicksilver preparations.

Reduction of an Axillary Luxation by Dr. H. H. Smith's Method.

By. A. N. Dougherty, M. D.,
Of Newark, N. J.

The day after the receipt of the number of the Reporter containing the article on reducing luxations of the humerus by manipulation, without force, I was called to see a young gentleman, a law student, who had just dislocated his shoulder, in simply taking off his overcoat. Once, several years ago, the accident had happened in the usual way from a fall. On stripping the patient, I found the head of the bone down in the axilla, and giving rise to much pain from pressure on the nerves. I had him lie down on the floor, a position he demurred against taking, as he supposed it preparatory to an attempt at reduction in the old way, with the heel in the axilla, which he remembered with associations far from agreeable in connection with the former occasion. I reassured him, and applying the mode recommended in the paper adverted to, I was delighted on the second trial to see the luxation reduced spontaneously without three ounces of traction, and, much to the patient's surprise, without the least pain. On the contrary, the raising of the arm, at right angles to the body, caused him to ejaculate, "Ah! how good that is! It is the first time, since the accident, that I have been free from pain."

This result, so entirely satisfactory, I hasten to place at the disposal of Prof. Smith, and I shall, certainly, give his method a trial in every case of dislocation at the shoulder that may hereafter come into my hands. Although I have always succeeded in effecting reduction, either with the heel in the axilla or with Jarvis' adjuster, and in some cases of dislocation of several weeks' standing, I shall hereafter deem it my duty to give this simple and beautiful process a fair trial, previous to resorting to harsher measures.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

(*January* 16*th.*)

SINGULAR CASE OF OBSTINATE VOMITING—VARIETY OF TREATMENT.

This is in a man who has been a daily laborer on a farm in Bucks county, (Pa.,) close by the Delaware river.

In this neighborhood, intermittent fever sometimes prevails, but there has been little of it lately. When first sick, he had an attack of intermittent, but only had one chill, when it was controlled.

The patient has a contracted countenance, anxious, the effect of his disorder; and a dull, heavy expression, the result of the treatment. The man has had continual vomiting since the 9th of August, a period of over five months, which has obstinately continued ever since until within the last few days, during which it has been considerably abated.

It generally occurs most decidedly toward night, when he throws up much of what has been taken through the day. He vomits frequently, however, during the day also, generally at about 12 o'clock, in the evening, and sometimes in the morning.

The matter thrown up does not contain any trace of bile; it is slightly acid, but not particularly so.

Generally, when the vomiting has persisted for a good while, the abdomen will be found somewhat contracted, being no longer distended by large quantities of food.

Under the supposition that there might be some organic disease of the liver, or of some portion of the stomach, a careful examination was made, but no evidence whatever of a tumor could be detected in the region of the stomach or hypochondrium, nor can any other organic lesion be detected to account for the vomiting.

The patient, since his entrance into the house, has been kept on careful diet. Over the abdomen, numerous blisters have been applied. He has been put under various treatment without success; thus, he has taken creosote, one drop three or four times a day, with ten drops of laudanum at each dose; he has taken nux vomica and gentian; he has taken powdered opium and blue mass until it produced slight ptyalism; he has taken tr. opii. et tr. zingiberis; he has taken oxalate of cerium;* he has taken infusion of powdered gentian, powdered rhubarb, and bicarbonate of soda, which arrested the vomiting for a little while, when it ceased to act.

Then he was given quinine; then he was was given powdered ipecacuanha, which increased the vomiting, in order to bring on artificial vomiting, so as to relieve the patient of anything which might be in the stomach, and thus, as it were, antagonize the disease; then he was given powdered opium and capsicum; then he was given one drop of creosote to ten of tr. opii. three times a day, which failed. Then followed elixir of vitriol, bicarbonate of soda, spirits of lavender, and cinnamon water; lime water, tincture of ginger, and sulphate of morphia; small doses of calomel, one-sixteenth grain, to ptyalism, to alter the condition of the liver, and at the same time counter-irritation on the part was kept up.

Then opium by the rectum, to keep the patient in a condition of stupor, twenty drops of laudanum in injection every four hours, with a little wine-whey, and a little of the fluid extract of cinchona by the mouth.

He has now been on this last treatment some four or five days, and the vomiting is almost suppressed. Whether it will finally cure the disease or not, cannot yet be determined; but it has certainly been much more successful than the other plans. Of course the individual is very much prostrated.

His skin has become warmer, and his pulse is more decided. His diet must consist of the most digestible articles of food—materials that do not much disturb an irritable stomach. He has been taking essence of beef by injection, and a little by the stomach, and he eats crackers and milk, and sips a little chicken-soup in small quantities.

The treatment and diet will be continued.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January* 9*th*, 1861.)

WOUND OF THE SCALP.

An old man was brought before the class, who had just been admitted in consequence of a wound on the head from a brick bat, in which the temporal artery had been wounded.

These wounds are often met with in practice, and that they are not considered of very much consequence may be inferred from the ancient practice of bleeding from the temporal artery, and, in fact, in olden times many of the arteries were selected for the purpose of drawing

* A new remedy lately introduced by Prof. Simpson for the obstinate vomiting of pregnancy, and often found useful in atonic dyspepsia, &c.; but Dr. Gerhard attaches but little importance to it.

blood; as the radial, the posterior tibial, etc.; but the temporal artery being very accessible, and easily controlled from its passing over the bone, is still employed for blood-letting under peculiar circumstances. The artery is always deeper than it seems to be.

The artery was entirely cutaneous in the present instance, necessitating the application of a ligature, which was placed on the artery just above the zygoma.

The wound was closed with long pieces of adhesive strips passed across the head and forehead.

All manner of injuries about the skull should be carefully watched for a few days after the occurrence of the accident; for even those injuries which appear slight and trivial are not always unaccompanied by risk and danger.

FISTULA IN PERINEO, INVOLVING THE URETHRA AND THE SCROTUM, GIVING RISE TO AN EXTENSIVE ABSCESS EXTENDING ABOVE THE PUBES.

The patient has been in the ward but a few days, and his friends desiring to take him out, no operation was performed, and he was merely exhibited to the class.

The man, a sailor, came into the hospital last spring, during the term of Dr. Pancoast, suffering with an anal fistula, with a considerable discharge, and, also, a discharge of matter from an orifice by the side of the rectum, to the amount of about three tablespoonsful per diem, sometimes as much as a teaspoonful at a time, which is the most he ever discharged at once.

On examination of his chest the sounds of the heart could be heard all over the thorax. There was dullness on the right side of the chest, with an unusual amount of noise in expiration, being louder than the sound on inspiration, which could only result from some solidification of the lung.

There was a sort of interrupted respiration, the air coming in and inflating the lungs, and then going out by a succession of motions, showing that the lobules of the lungs were not in a natural condition and did not dilate readily.

The man had lost flesh, which, with the signs of pulmonary disorder, induced Prof. Pancoast to refuse to operate for the fistula, which was, according to the old views of the humoral pathologists, taking away some *peccant* humor from the blood; and we know that the discharge of a small amount of matter at the end of the rectum will enable a patient, even with incipient phthisis of the lungs, to live often for many years, while if this discharge be prevented, or become dried up, the disease will almost immediately begin to develope itself in the lungs with greater rapidity.

The man left the hospital and went to sea, according to advice, and has now returned, requesting an operation.

His general health has improved; he has been using an ointment to diminish the extreme soreness of the parts, but the application is a source of trouble to him, and he wants the fistula closed, so as better to pursue his avocation.

His chest was again examined and his lungs found to be in a much improved condition, and he has no cough, no pectoriloquy, no peculiar resonance of the voice, no mucous râles, and but little blowing sound.

Still it was deemed injudicious to operate upon the fistula at present.

A seton was advised to be placed upon the chest so as to keep up a discharge of matter, an old and advantageous method of treating these cases.

The man must practice absolute cleanliness, and wash the part night and morning with salt water, annointing the parts afterward with an ointment composed of a drachm of the carbonate of lead, a drachm of Goulard's extract, with three drachms of simple cerate; taking care to keep his nails pared so as not to wound the mucous membrane of the part.

INJURY IN THE NEIGHBORHOOD OF THE SHOULDER-JOINT PRODUCED BY A FALL.

An adult female fell down a flight of fifteen steps, striking herself directly on the shoulder. The clavicle presented no signs of displacement or fracture.

In injuries about the shoulder, if the arm of the injured side can be so moved that the hand can be laid on the shoulder of the opposite side, it is presumptive evidence that the head of the humerus is in its socket.

This can be done in the present case.

Placing the hand in the arm pit, the head of the bone was found normal.

The scapula was then examined and found to be uninjured, as was also the armbone.

The flabbiness of the deltoid muscle, which was very apparent, was due, therefore, to the injury of the nerve supplying it. The injury being a severe bruise, the treatment instituted was counter-irritation, with soap liniment; the arm to be supported and brought to the side—rest of the part being enjoined.

———o———

An Old Cathartic Revived.—The leaves of the Globularia Alyssum, which were known in the middle ages as a purgative, have been recently reintroduced by Dr. Planchon, of Montpelier, who claims for them that they are efficient as a purgative, without producing nausea or griping, and that their bitter properties gives them a tonic action.

JEFFERSON MEDICAL COLLEGE.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

CASES OF CANCER, WITH REMARKS—EPITHELIAL CANCER OF THE LIP.

February 20th, 1861.

Cancer beginning on the epithelial margin of the lip is often chronic in its progress, but often apt to terminate in the most malignant form, and should, therefore, be removed in its earlier stages.

In one case brought before the class, (Jan. 12th,) the disease has been of two years' duration, and involves the whole margin of what would otherwise be the vermillion border of the lip, which part is white and opaque. The growth itself extends no deeper than the mucous membrane, and it will not be necessary to cut away the whole border of the lip, but only the hardened mass itself.

The margin of the lip, which has a tendency to an ultimate termination in cancer, will be destroyed by rubbing it with a crystal of zinc. Afterward the part will be covered with lint spread with calomel ointment, (hyd. chlorid. mitis ʒij. vel iij. to adeps. ℥j ;) applications of the chloride of zinc until the white marked appearance of the cuticle disappears, and the natural bright vermillion appearance returns.

In the earliest stage, when the cancerous mass is very superficial, it may be removed by caustic, a plan often pursued in the earliest stages of the disease.

When the disease invades the glands, after removal of the cancer, it generally occurs in the form of a little tumor, developing itself under the jaw, in one of the glands in front of the masseter muscle. This should be removed at once, because all the absorbents in this region go through that gland; and, if not removed, it will become adherent to the periosteum of the jaw, and all the cellular tissue beneath the jaw will become involved, when no treatment whatever can protect the patient from the fatal consequences of the disease.

CEREBRIFORM CANCER IN THE NECK, FOLLOWING EPITHELIAL CANCER OF THE LIP.

Prof. Pancoast presented a case of cancer which began with epithelioma of the vermillion border of the lip, then extending down into the pulpy tissue, next involving the little gland which is always found situated just in front of the masseter muscle. When first implicated it was movable, of the size of a cherry. Originally these forms of cancer are local in their origin, and not constitutional; and, if at that time it had been removed, that would have been the end to the affection. It has now, however, spread all around the cellular tissue of the neck, involving the periosteum of the lower jaw, and extending as far as the chin.

These epithelial cancers, therefore, when not attended to early, are as dangerous as any other form, perhaps, even more so, because people, in whom they occur, are not disposed to think them of any account, and do not consult a physician until it has gone beyond the reach of medical aid. The original disease is still seen on the lip, and it is only of two years duration.

Nothing can be done for this man. He is doomed to die the most agonizing and distressing of all deaths. He will be poisoned to death by the discharges from his own flesh. The cancerous tumor will ulcerate, involving the jaw-bone; it will break into the mouth, and he will be able to take no food which will not become mixed with the discharges; his lip and cheek will become ulcerated through, his jaw-bone discharging through the orifice. He may live a wretched life for two or three years in the utmost misery imaginable, and without any means or hope of relief. This is the usual history of these cases.

The only advice that can be given him is to take the most scrupulous care of his general health, so as to retard the fatal result as much as possible.

Give him small doses of corrosive sublimate, or, still better, Fowler's solution of arsenic, which has some tendency to retard the growth of cancerous tumors.

When the gland is yet movable it can be taken out, but the risk of its return is great, because we cannot detect the cancer-cells, and if but the nucleolus of a neucleus is left behind, it is sufficient to propagate cells which will reproduce the disease.

These elements of cancer may get into the veins, become mingled with the blood, and be carried to some other portion of the body, causing there new cancerous deposits.

ENCEPHALOID CANCER OF THE LEG.

The patient is a youth, twenty years of age, very much emaciated. A very large tumor, extending from the knee to the ankle, much larger than the leg itself, which it appears to surround.

The tumor presents on its surface the peculiar large blue veins; pulsation determines it to be semi-fluid, not pulsating. It appeared originally as a tumor on the head of the fibula, a part where osteo-sarcoma is frequently met with. It has been coming on about a year.

The boy is but twenty years old, lives in a healthy part of the country, has not been exposed in any way, and does not remember having received any injury upon the limb.

He is exanguine, nearly bloodless; tongue not furred. The tumor has been a constant source of constitutional irritation, which is fast breaking down his health, and dragging him to the grave.

Nothing can be done for his relief but the removal of the limb. When we have this disease in the leg, even when it is confined to the neighborhood of the ankle, we amputate at the knee-joint, as far as the periosteum goes, and even then we cannot be certain that the disease may not return again in some other locality. It seems to be local cancer, but yet it is prone to return.

The glands are enlarged, not more, however, than in the opposite side; this enlargement is not necessarily specific, for any irritation about the leg will induce disturbance of the absorbents and glandular enlargements. This may occur from a small sore upon a toe.

The patient will be put in the hospital, and be given the comfort of a bed, and the quiet of hospital rest and treatment.

He is weak, and will be given the muriated tincture of iron as a tonic, and also as a means of preventing that poisoning of the blood which sometimes follows amputations at the knee-joint in exhausted subjects, pyæmia or purulent infection of the blood.

(*January 9th*, 1861.)

(*See* Reporter, *present volume*, *p.* 429.)

This was a case of amputation at the wrist, in consequence of a gun-shot wound of the hand, in which the vessels were secured by pins. There was no hemorrhage after the removal of the pins.

The patient is doing well and has been discharged.

After a time a hook will be attached to the stump, so that the patient can render his arm of some service.

This was a case in which, on account of laceration of the hand from a pistol shot through the palm, there was destruction of some of the bony structures, instead of amputating, after removing the soft and bony parts irrecoverably injured, the meta-carpal bone of the ring finger was taken away, and its integument used to cover the bared middle finger.

The parts were put neatly together, and supported on a splint; a local dressing of laudanum constituting all the topical treatment.

Everything going on most satisfactorily.

Removal of Medullary Cancer, taking away the Superior Maxillary, the Palate Bone, the Malar Bone, and the Os Ungeis, etc.

(*See* Reporter, *January 19th*, 432.)

There has been a little œdematous inflammation of the lower eyelid, but it is going down. This was a consequence of the division of the absorbents during the operation.

There is more movement of the jaw than previous to the operation.

The cheek is not yet filled up, but is filling by granulations.

The patient has got entirely rid of the gnawing pain, which was a source of constant agony to her.

She has not had a bad symptom and has gone home on her way rejoicing.

Ligature of the Brachial in Consequence of a Hemorrhagic Tendency, etc.

(*See* Reporter *for January* 26, *p.* 447.)

This was an amputation just above the wrist joint, in which it was found necessary to tie the brachial artery, after the loss of a large amount of blood. The brachial being double, both divisions were tied.

Both ligatures have come away. There has been no hemorrhage since.

The wounds which were open are gradually closing, the man is gaining strength, and there is at present very little solicitude; but to guard against any return of hemorrhage an assistant is constantly beside him, with a tourniquet ready to be applied the moment any blood should flow.

At the date of this report the last ligature had come away, six days previously.

This was a case in which there were great fears that the patient would die.

In the case of deformity of the lower limbs operated on by division of the pretineous muscle and part of the adductor longus on each side, etc.

(*See* Reporter *for January* 26, *p.* 451.)

There has been no soreness, and the child is able to move her limbs without crossing them.

The construction of the ham string muscles will be endeavored to be overcome by shampooing the limb, rubbing it with camphorated oil composed of a drachm of gum camphor to the fluid ounce of sweet oil.

The limb is to be rubbed up and down, the muscles being compressed with the fingers, and if there is no evident improvement in the course of a week or ten days the muscles will be divided.

Exostosis on the Middle Phalanx of One of the Fingers—Removal.

In exostosis it is found as a rule that the exostoded growth takes the character of the tissue from which it grows.

They often occur on the tables of the skull where they are found hard as ivory, and then they have to be sawed off most laboriously. They have been removed from the body of the

humerus; and sometimes they grow from the ends of the long bones, on the spongy tissue, and there they form tumors filled with fat, like the cancellated tissue from which they grow, and they can be cut off almost with an ordinary pair of scissors.

On the phalanx of the finger, as in the present instance, they may be more or less hard, according as the growth is from the central or terminal portion.

In removing a tumor from the side of the finger it must be remembered that a little to the under side of the phalanx runs the digital artery and nerve, with the pacineum bodies at the ends of the nerves, which are extremely sensitive, and care must be taken to avoid wounding them. It is better, as done in the present instance, to let the incision run back, and stretch the part down so as to avoid the nerve.

As the growth is a consequence of disease in the periosteum, which shoots out into a sort of bag which gives shape to the forming exostosis, the periosteum is sometimes divided and taken from the bone, so that no more calcareous matter can be deposited in that place, and as periosteum is but condensed cellular tissue it may be taken away.

After exposing the part, it was removed by the cutting pliers, and was found to grow from the spongy head of the phalanx, in which there had been great softening of the bony structure. This softened matter was almost like osteosarcoma, and was scraped out with the handle of the knife, leaving a hollow in the phalanx close to the joint.

After closing the part is to be covered simply with laudanum.

POTTS' DISEASE OF THE SPINE.

In the treatment of this disease there is often great propriety in establishing an issue of some sort on the surface of the skin in the neighborhood of the diseased vertibræ. The continued discharge of a little matter in the neighborhood of the diseased bone seems to divert the morbid process. At the same time, quiet and rest in the horizontal posture for several months is required, the patients being fed in the best possible matter, with the most nutritious articles of diet, and quinine should be given as a tonic.

The case before the class was in an infant, and the issue was made with the Vienna paste, 5 parts of quick lime to 6 parts of crystalized carbonate of potassa, and a drop or two of alcohol to make the ingredients mix well.

A couple of plasters spread with diachylon, were placed one just above the tumor of the spine, and the other just below it, with a button hole cavity in the leather, to limit the application of the caustic and protect the surrounding tissues.

As this application, which is the most active of all caustics, is exceedingly painful, a little opium is sometimes incorporated in the paste to diminish the suffering, but it at the same time diminishes the efficacy of the caustic.

The eschar will be covered with adhesive plaster until the slough is discharged, and then some foreign body will be placed in the wound, and retained there to keep up a constant discharge.

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D.

DELIRIUM TREMENS.

The third monthly meeting of the society convened on Friday evening, February 15th, the president, Dr. Vanderpoel, presiding. The essay for the evening was by Dr. Alex. H. Hoff, on the subject of delirium tremens.

Dr. Hoff said that circumstances had prevented him from a special examination of his subject, and that he should, therefore, fall back on his experience, in a great measure, for what he was about to offer. It is singular that a disease so common, whose history dates back to the time of Hippocrates, should, in point of pathology, be still a mystery. We do not know in what its intimate nature consists; enough, however, is known to direct us in its general treatment. Authors have variously classed it among the nervous diseases, the plegmasiæ and the pyrexiæ. The view now prevalent is that alcohol, a poison in large doses, is cumulative when habitually taken in small quantities. The doctrine that drinking is the cause and the sudden withdrawal of the accustomed stimulant brings on the attack, is a question yet for consideration, and pains have been taken to prove it incorrect. It is offered in proof that the disease is seldom observed in prisons, notwithstanding the large number of confirmed drunkards admitted there and immediately placed on low diet.

Admit the truth of the toxæmic doctrine, and the conclusion would be unavoidable that the effect of withdrawing the poison would be to remove the danger; and few would claim that a legitimate way of overcoming the toxæmic condition would be to continue the use of the poison. Is there any evidence that the sudden withdrawal of alcohol induces delirium tremens? In the majority of cases, previously to the attack, the stomach becomes excessively irritable and rejects everything. All cases that Dr. Hoff had seen had been accompanied by an inability of the stomach to retain its contents. This implies sudden withdrawal. Has

nature come to the rescue, forbidding the further use of the alcohol, or has disease been induced of which extreme nausea and vomiting is a symptom? This condition may exist for days, or even months, before delirium supervenes.

Can a man have delirium tremens while the system yet tolerates the use of alcoholic stimulus, and is alcohol a poison? These questions are yet to be satisfactorily answered. Will other stimulants produce delirium tremens? Dr. H. narrated an instance where mental emotion, which induced sleepiness, produced a train of symptoms like those of mania-a-potu in a military officer who was strictly temperate in his habits. The patient was treated with cold to the head, opium and broths, until sleep was induced.

Is not delirium tremens an exhausted condition of the nervous system, overworked by exercise and stimulation, accompanied by functional disturbance, the relief for which is rest? Post-mortems throw but little light on the subject. In several cases personally examined, the autopsy revealed only disease of the liver. In regard to the treatment, Dr. Hoff differed indeed as regards the means employed; but, as to the necessity of obtaining sleep, there was but one opinion. The opium treatment has, perhaps, more advocates than any other, from the positive tendency of the remedy to induce sleep. He alluded to the treatment of eleven hundred cases by Dr. J. Edward Turner by baths, friction, and nourishment, without the adjuncts of either opium or stimulus, and also to one hundred and sixty-two cases in the Philadelphia Hospital by Dr. Gerhard by the free exhibition of stimulus, and with only one fatal case. It would be impossible, as in other diseases, to define a system of treatment applicable to all cases; each must rest in the judgment of the practitioner for the plan appropriate to it.

Dr. Babcock, physician to the alsmhouse, said that it was true that, in delirium tremens, the practitioner had no positive pathology to guide him; but that the disease was often complicated with meningitis. In its treatment he never used alcoholic stimulus, but gave opium and digitalis in full doses, and sustained the patient by a liberal diet.

Dr. Swinburne remarked that, formerly, he had used opium, but with general unfavorable results. More recently, the plan he pursued was to induce sleep by the inhalation of chloroform, administering it until a complete anæsthesia was produced. He endeavored to surround his patient with pleasant company, and gave a liberal diet. In mild cases, he resorts to the alcoholic stimulus, milk-punch, and at all times gave it the preference over opium.

Dr. H. March read extracts from an interesting article by Dr. Willshire, as reported in Braithwaite, part 42, page 49, on alcoholism, with some practical suggestions as to the right on both sides.

Dr. Lansing observed that, while connected with a public institution in New York, about ten cases came under his observation, most of which were treated by opium and free diet. Doubtless the disease is sometimes partly induced by moral causes, while the free use of tobacco may contribute to the same result. In such cases opium would rather be indicated than alcohol.

The society were pleased to welcome to their meeting, just before its close, Dr. J. Marion Sims, of New York, whom the profession all know, and "know but to love."

STATE LUNATIC ASYLUM, TAUNTON, MASSACHUSETTS.

(Compiled for the Medical and Surgical Reporter, from the Report of Dr. George C. L. Choate.)

GENERAL STATISTICS.

The whole number of patients treated at the State Lunatic Asylum, at Taunton, has been 586—males, 295; females, 291. The number of patients admitted during the year is 245—males, 130; females, 115. The number of patients discharged during the year is 176—males, 78; females, 98. Number of patients died during the year 47—males, 25; females, 22. Number of patients eloped during the year, 2; both males. Number of patients remaining, 361—males, 190; females, 171.

101 have been cured and discharged during the past year.

STATISTICS OF RECOVERY.

The following table will show the proportion of recoveries for each year since the opening of the institution:

	Whole No.	No. Admitted.	Cures.
1854 - - -	210	330	36
1855 - - -	251	167	70
1856 - - -	280	185	62
1857 - - -	312	207	82
1858 - - -	328	223	84
1859 - - -	335	231	98
1860 - - -	365	245	101

Now, well may Dr. Choate say, "What better proof could we have than the results of the last six years that insanity is a disease susceptible of medical treatment, and equally curable, when attended to at the proper time, and in the proper way, with other diseases to which our bodily frames are liable."

MANAGEMENT—DIET.

In the management of the insane little can be added to the general mode. Mildness and gentleness, the abolition of all restraint, so far as consistent with the safety and real good of the patient, the total prohibition of everything which can be construed to mean punishment,

and the avoidance of a reliance upon depleting remedies to secure quiet, are the governing principles of Dr. Choate's treatment.

The following is a table showing the diet of each day in the week, as prescribed by the Board of Trustees:

Sunday.

Breakfast—Coffee or broma, baked beans and pork, bread and butter.

Dinner—Corned beef and vegetables, pies and cheese, bread.

Supper—Tea, bread and butter, gingerbread.

Monday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Roast beef and vegetables, rice and molasses, bread.

Supper—Tea, bread and butter, cheese.

Tuesday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Soup and vegetables, baked pudding, fruit.

Supper—Tea, bread and butter, doughnuts.

Wednesday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Salt fish and vegetables, rice and molasses, bread.

Supper—Tea, bread and butter, cheese.

Thursday.

Breakfast—Coffee or broma, minced fish, bread and butter.

Dinner—Roast meat and vegetables, rice and molasses.

Supper—Tea, bread and butter.

Friday.

Breakfast—Coffee or broma, bread and butter.

Dinner—Soup and vegetables, baked pudding, fruit.

Supper—Tea, bread and butter.

Saturday.

Breakfast—Coffee or broma, boiled eggs, bread and butter.

Dinner—Fresh fish and vegetables, rice and molasses.

Supper—Tea, bread and butter.

The sum of two dollars and seventy-five cents is the average rate of board received, and furnishes the whole income of the institution, nothing beyond this being received from the State or any other source.

The following table shows the character of insanity in those admitted.

1860.	Males.	Females.	Total.
Mania,	81	70	151
Melancholia,	14	16	30
Monomania,	—	—	—
Dementia,	35	29	64
Totals,	130	115	245

The following table will exhibit the character of the disease in those discharged, recovered, and improved, during the past year:

	Mania.	Melancholic.	Monomania.	Dementia.
Recovered,	85	16	—	—
Improved,	9	3	—	15

CASES OF INTEREST—CURIOUS DELUSIONS.

A few cases have occurred during the year, of such marked peculiarity, as to deserve particular mention.

One of these, a young lady of more than ordinary native intelligence, and of considerable cultivation, is firmly possessed of the idea that her hip is dislocated, and that she is helpless. So prominent and urgent is this delusion, that at first sight one would be inclined to place the case in the class of monomania, but further examination discloses other not less curious but more latent delusions.

Another, a man of little education, after attending a horse-race and becoming intensely interested in the result, returned home firm in the belief in the marvelous speed which he could develop by proper training in a favorite mare, and immediately began to devote himself to the task of bringing out her latent powers by the administration of the most rich and costly articles of food and expensive wines and liquors. His interest in his self-imposed task, in the course of a week, reached such a height that neither night nor day could he be induced to desert his post by the side of his pet; and when urgent persuasion was tried he became exceedingly violent and dangerous.

This case, too, on the face apparently monomonia, shows, to a deeper scrutiny, the marks of the initiatory stage of permanent general disease, of which his strange conduct is merely one of the symptoms.

But one homicide, and that a mother, who, in a phrenzy of puerperal mania, destroyed her child, has been received during the year.

Fifty-four patients, nearly one-quarter of the whole number, had been insane more than one year before admission. In these, of course, little hope remained of permanent recovery, nearly all of them having fallen into a condition of hopeless dementia or idiocy.

RECOVERY AFTER EIGHTEEN YEARS OF DISEASE—REMARKS.

A remarkable case of complete recovery after eighteen years of disease occurred during the year. Such cases are mentioned by some of the French writers, but they are alluded to merely as remarkable and exceptional cases, and are seldom seen or recorded even in hospital reports. The case was one of periodical mania, of excitement, alternating with depression, not differing materially from many of the same class, which are at all times inmates of the hospital. The patient has now been perfectly well for ten months, and occasionally writes to her friends whom she has left there.

Notwithstanding the occasional occurrence of recovery in cases of considerable duration, it cannot be too frequently impressed upon all that the time for treatment is in the early stage of the disease. During the first three months, if we except certain cases depending upon fatal organic physical disease, insanity is the most curable of all acute diseases, the chances being nine to one in favor of recovery, while, after a year, so little hope remains, that in some European hospitals all such cases are rejected as being no longer fit subjects for medical treatment.

In estimating the probability of recovery or permanent disease, the first and most important question is, how long has the patient been insane?

SUICIDE.

But one case of suicide has occurred during the year. Known to be suicidal, the most particular and unusual precautions had been taken to secure her safety; but with the cunning which remains often after all else has fled, she managed to elude every guard, and accomplished her purpose by strangulation with her dress.

During the past year thirty-seven of this class of patients have been received into the hospital. This, however, only includes those who have been known to make some attempt, or who had shown a decided disposition to self-injury before admission. In a large number of others the propensity exists, but in a more latent and concealed form, and hence is still more difficult to guard against.

AGES OF PATIENTS.

Between the ages of twenty and forty-five have occurred more than half of all admitted. Among the inmates there are three physicians; the greatest number belong to the laboring class.

Two hundred and fifty-nine cases are those of acknowledged intemperate persons.

M.

EDITORIAL DEPARTMENT.

PERISCOPE.

FURTHER EXPERIMENTS RELATING TO THE DIURETIC ACTION OF COLCHICUM.

By William A. Hammond, *M. D., Professor of Anatomy and Physiology in the University of Maryland.*

In the Proceedings of the Academy of Natural Sciences, of Philadelphia, for November, 1858, I gave the results of a series of investigations relative to the diuretic properties of digitalis, juniper, squill, and colchicum, by which it was shown that the latter alone possesses the power of increasing the amount of organic matter eliminated by the kidneys. From this circumstance, the argument was adduced that this substance, of all those experimented with, was the only one that could be regarded as a true depurator of the blood.

The results obtained by earlier investigators cannot be regarded as satisfactory, owing to the faulty manner in which their analyses were made. The urine was concentrated by heat, and thus a large quantity of its organic matter underwent decomposition.

Since the publication of my experiments, Dr. Garrod, of London, has studied the physiological action of colchicum; but, led away by his theory of the nature of gout, he limited his researches mainly to the determination of its influence over the excretion of uric acid, which, as is well known, forms but a small proportion of the total amount of organic matter excreted by the kidneys. As the result of his investigations, he announced that colchicum does not increase the quantity of uric acid contained in the urine, and that it is not by any action on the kidneys that the remedy in question exerts its curative influence in gout. His result, as relates to the uric acid, does not, so far as I know, conflict with mine, as I did not separately determine the quantity of this substance present; but his conclusion that colchicum is not a diuretic in the true sense of the term, is certainly not borne out by his own experiments, and is directly at variance with those which I performed.

It was, therefore, obviously necessary that additional investigations should be instituted, and I accordingly undertook the task of furnishing further contributions to the subject. Before proceeding to detail these, I desire to call attention to the valuable memoir of Prof. Austin Flint, in the number of this journal for November, 1860, entitled "*Clinical Researches on the Action of Diuretic Remedies.*" In this essay, in addition to much other valuable matter, the conclusion at which I had arrived relative to the action of colchicum is confirmed—Prof. Flint finding it to produce a marked increase in the amount of solid matter eliminated by the kidneys, without, however, increasing the quantity of water of the urine.

The investigations to which the present paper relates, consisted of experiments upon adult males in a good condition of health. In all cases, tincture of the seeds of the *colchicum autumnale* was given.

The determinations made were the following:—1st, the quantity of urine; 2d, its specific gravity; 3d, the total amount of solid matter; 4th, the quantity of inorganic matter; 5th, the quantity of organic matter; 6th, the amount of uric acid.

The quantity of urine was determined in cubic centimetres.

The specific gravity was ascertained by means of the specific gravity bottle and a delicate balance.

The total amount of solid matter is given in grammes, and was determined in the following manner:—Ten cubic centimetres of the urine were evaporated to as complete dryness as possible *in vacuo* over sulphuric acid, and the residue accurately weighed. By simple proportion, the amount of solids in the whole quantity of urine was easily ascertained.

Although it is impossible to get rid of all the water by this process, the quantity remaining is extremely small, and the results obtained are far more accurate than those obtained by evaporating to dryness in the water-bath, as generally practiced. No matter how carefully this latter process is conducted, the loss of urea by decomposition is always an important item, and involves far more serious errors than the imperfect desiccation by the former process.

For the determination of the amount of organic and inorganic matter separately, the solid residue obtained as above was mixed with ten or fifteen drops of moderately strong nitric acid, and gently heated till the mass was well dried. The heat was then gradually raised till all the carbon was consumed, and the mass, in consequence, became white. It was then cooled *in vacuo* over sulphuric acid, and weighed. The inorganic matter was thus determined, and the loss showed the proportion of organic substance.

The quantity of urie acid was determined by adding chlorhydric acid to a known volume of urine.

The first experiments were instituted upon myself. In three days immediately preceding their commencement, the average quantity of urine for each day was 1425 cubic centimetres; of specific gravity, 1021.73; the average amount of solid matter was 64.28 grammes, of which 30.18 were inorganic, and 34.10 organic substance; the average amount of uric acid excreted for each period of twenty-four hours was 0.77 gramme.

During the experiments with the colchicum, my manner of living was not materially altered from that of the three days above referred to; *i. e.*, I ate the same food and took the same amount of exercise, and endeavored to make all the collateral circumstances the same, so as to ascertain as nearly as possible the exact effect produced by the colchicum.

First Day.—On this day I took one fluid drachm of the tincture three times; at 8 A. M., 2 P. M., and 10 P. M. The total quantity of urine excreted was 1685 cubic centimetres, of which the specific gravity was 1021.50; the total amount of solids was 70.15 grammes, of which 30.90 were represented by inorganic and 39.25 by organic matter; the quantity of uric acid was 0.81 gramme.

Second Day.—One and a half fluid drachms of the tincture were taken, as on the previous day. Quantity of urine, 1720 centimetres; specific gravity, 1020.87; total solids, 75.29 grammes; inorganic solids, 32.44 grammes; organic solids, 42.85 grammes; uric acid, 0.69 gramme.

Third Day.—Same quantity of colchicum taken, as on the previous day. Quantity of urine, 1784 cubic centimetres; specific gravity, 1022.57; total solids, 80.13 grammes; inorganic solids, 35.11 grammes; organic solids, 45.03 grammes; uric acid, 0.82 gramme.

Fourth Day.—On this day the quantity of colchicum was reduced to half a fluid drachm—taken as before. Quantity of urine, 1540 cubic centimetres; specific gravity, 1023.17; total solids, 69.23 grammes; inorganic solids, 31.09; organic solids, 38.14 grammes; uric acid, 0.78 gramme.

Fifth Day.—On this day the quantity of colchicum was increased to one and a half fluid drachms of the tincture before mentioned. Quantity of urine, 1698 cubic centimetres; specific gravity, 1023.68; total solids, 76.14 grammes; inorganic solids, 33.26 grammes; organic solids, 42.88 grammes; uric acid, 0.76 gramme. On this day there was some derangement of the general health, manifested by increased heat of skin, fever, and severe abdominal pains. There was also a little diarrhœa. The experiments were, therefore, discontinued.

From an examination of the results obtained by the foregoing investigations, the effect of the colchicum upon the urinary excretion cannot fail to be perceived. The conclusions which I think may be formed are:—1st, that the colchicum increases the quantity of urine; 2d, that it increases the total amount of solid matter eliminated; 3d, that this increase is mainly due to an augmentation of the organic matter; 4th, that the amount of uric acid does not appear to be affected.

These conclusions are rendered much more probable from the fact that, on the fourth day, when the quantity of the tincture of colchicum taken was reduced one-third, the effect upon the urine was less decidedly marked; and that when, on the fifth day, it was again augmented to a drachm and a half, the urinary excretion was materially increased in quantity, and the solids, the organic especially, remarkably raised in amount. The relation of cause and effect would therefore appear to exist; and, accordingly, it would be contrary to the principles of sound reasoning to assert that the change in the composition of the urine was accidental. It is, doubtless, true that the urine changes greatly from day to day, and even from hour to hour; but this fact is due to the other fact, that we are constantly varying our food, exercise, &c. When, however, as in the investigations cited in this paper, these circumstances are fixed, and only one difference exists between the ordinary mode of living and that practiced during the continuance of the experiments, we

are fairly justified in attributing any change in the urine, or in any other excretion, to the influence produced by that difference.

In the next series of experiments, the effect is just as directly shown, though, for reasons beyond my control, they were not continued as long as was desirable.

The subject of these experiments was a young man, 23 years of age, and weighing about 140 pounds. Before taking the colchicum, I examined his urine whilst he was taking a fixed quantity of food and exercise, he being at the time an attendant in the hospital under my charge. As the results of these examinations for three consecutive days, I obtained the following as the averages for each day:—Quantity of urine, 989 cubic centimetres; specific gravity, 1020.14; total solids, 51.20 grammes; inorganic solids, 22.45; organic solids, 28.75; uric acid, 0.47 gramme.

First Day—On this day one drachm of the tincture of colchicum was taken three times; the effect upon the urine was as follows:—Quantity, 1021 cubic centimetres; specific gravity, 1024.18; total solids, 63.25 grammes; inorganic solids, 23.57 grammes; organic solids, 40.68 grammes; uric acid, 0.59 gramme.

Second Day.—One and a half drachms of the tincture were taken to-day three times, as previously. Quantity of urine, 875 cubic centimetres; specific gravity, 1026.11; total solids, 60.25 grammes; inorganic solids, 20.38 grammes; organic solids, 39.87 grammes; uric acid, 0.51 gramme.

On this day diarrhœa was produced. This was of quite a severe character, and, in consequence, the colchicum was not further continued.

The remarkable effect of the colchicum in increasing the amount of organic matter excreted is, however, very decidedly shown. This increase is so great as to render the probability of its being accidental extremely small, and we cannot do otherwise than regard it as being directly due to the influence of the colchicum.

The details of the third case in which the colchicum was given, have been, unfortunately, mislaid. I am, however, enabled to state with certainity, that the same well-marked effect over the amount of organic matter excreted by the kidneys was exerted as in the cases, the particulars of which have been given in full. The experiments were continued for six days, with variable quantities of the tincture.

What are we to infer from these investigations? It appears to me that the conclusion may be admitted that colchicum is a true depurator of the blood, and hence we have an explanation of its good effects in those blood diseases, gout and rheumatism.

It is seen that no constant effect was produced upon the quantity of uric acid eliminated, and hence these experiments do not conflict with those of Dr. Garrod. We are not, however, bound to admit that the presence of uric acid in the blood in increased amount during a paroxysm of gout or rhumatism, is the cause of that paroxysm; and consequently, because colchicum does not increase the quantity of this substance found in the urine, we are not to suppose that the remedy in question does not exert its influence through the kidneys.—*American Medical Monthly.*

INTERESTING CASE OF ALLEGED POISONING BY OPIUM—OPINION OF DR. CHRISTISON.

The following is an interesting case in a medico-legal point of view. We take it from the Dublin *Medical Press.*

A Coroner's Inquest.—An inquest was held at the Faulkner's Arms, Bishops-fields, near Chester, on Friday last, before Mr. Henry Churton, coroner, on the body of Fanny Bruce Sutcliffe, a child six weeks old, which had died on Wednesday morning. From the evidence adduced at the inquest, it appeared that the mother of the child had been suffering from inflammation in the side, and Dr. Watson, who attended her, had prescribed some pills containing compound ipecacuanha powder, and had ordered a fomentation for the side composed of laudanum and gin. The child was put to the breast immediately after the medicine had been administered and the fomentation applied, and, about half-past four o'clock, fell into a sleep from which it never awoke, and it died about nine the next morning. The jury returned for their verdict—"That the deceased died from the effects of the absorption of laudanum externally applied to Fanny Sutcliffe, the mother of the said child; and the jurors are of opinion that Dr. Watson is culpable for not having given more specific directions as to the quantity of laudanum which should have been used as an external application, knowing the said laudanum to be a deadly poison.

Dr. Watson's Report.—On November 27th last, I was called to see a lady I was in the habit of attending, the mother of the child whose decease was the subject of the coroner's inquest. The child was about six weeks old, and the mother had very sharp symptoms of disordered alimentary canals, owing to partaking twice of crude uncooked vegetables. She complained of severe pain and excessive tenderness in the right side—so great that she could not turn in bed—and I diagnosed obstruction of the head of the colon, and directed my treatment accordingly. The following was ordered: calomel, three grains, Dover's powder twelve grains, to be made into a mass and divided into three pills, two of which were to be taken as soon as possible, and the third an hour afterwards. These to be followed by a castor-oil draught and a fomentation of laudanum and gin to her side to be used thus: a piece of linen or calico, the size of a common letter envelope, five inches by

three, was to be sprinkled with laudanum, and then about a teaspoonful of gin to be poured over it. To be repeated, if the pain was not relieved. Whilst giving my directions the inquiry was made—"What about the infant?" "You anticipate me," I replied; "do not let the child suck whilst the pills can have affected the system." Next morning I was fetched to the dead child. The mother had been rendered only a little drowsy, without sleeping, yet the pain was much relieved, and the bowels had been twice moved. It appeared from the depositions the child was affected with the snuffles from its birth, by the admission of the mother, and lately with troublesome flatulence, owing to her own disordered digestion. Galvanism being applied to the spine after death, a quantity of mucous discharge issued from the nostrils, whilst the face was prone.

Letter from Dr. Christison,—"Dear Sir:—You will think me slow to answer your letter: the truth is I have already twice nearly concluded a reply, but destroyed it on observing that I had somewhat uncompromisingly censured the coroner's jury, who, after all, cannot help that, in such a matter, they are ignorant *quoad-hoc*, and who judged according to their lights. The verdict of the inquest must proceed on one of those views, so far as I understand it. Assuming that death arose from the action of opium, the verdict must hold—first, that a sucking infant may be poisoned sucking opium unto death by its mother's milk, and without the mother experiencing any effect at all from the drug: or, second, that an infant may die of poisoning with laudanum through exposure to its vapor or fumes; or, third, that in this particular instance death arose from the child sucking, licking, or lying in contact with the pledgets oversoaked with laudanum. But I do not know a single fact in the records of medicine to support the first of these views. There are positive facts against the second. Orfila, long ago showed that the emanations from opium and its preparations cannot cause poisoning; and I have often been exposed for hours, daily, to the emanations from large quantities of opium preparations without experiencing any effect whatever. The third view is the only feasible mode of concerning poisoning with opium in such a case as this. But death could not arise in that way without traces of the manner of exposure to the influence of the poison being discovered; and no such evidence was found, and, indeed, none seems to have been sought for on this occasion. In the absence of positive, or even presumptive, proof of the manner in which the laudanum could have acted, the question of natural death fails to be considered. But here the inquiry is altogether at fault. Infants *will* die suddenly or rapidly, in a very obscure way, from natural causes; such cases may imitate poisoning; they require great care in the investigation; and, sometimes, with every possible care, the truth cannot be satisfactorily discovered. But a skillful inspection of the dead body is the most likely of all means for making the discovery; and, nevertheless, this measure was wholly neglected. Such neglect vitiates, in my opinion, every conclusion which can be drawn from the other evidence; and hence, were there a 'court of review' in England, as on the continent, for checking erroneous verdicts, I have no doubt this verdict would be quashed. You inform me that the coroner claims for his jury that they decided the case by the rules of common sense; but common sense, in such a question as this, must be according to established medical fact and doctrine. 'If common sense do not judge in that way, it is certain to result in some very uncommon nonsense.' I rather imagine the coroner meant that his jury judged by intuition; for many people make the mistake of confounding the two guides. But intuition can no more enable an ignorant coroner's jury than a profound medical philosopher to solve an intricate and novel medical question, either of fact or theory. As for the imputation thrown upon the medical attendant by the verdict of the inquest, such a result is simply ridiculous, in the circumstances as put before me.

"I am, yours truly,

"R. Christison.

Edinburgh, Dec'r 19, 1860."

At the meeting of the Chester Medical Society, the following resolution was proposed, seconded, and carried unanimously: "That this meeting having read the depositions taken before the coroner in the case of Fanny Bruce Sutcliffe, an infant, and having heard Dr. Watson's explanation of the case, is of opinion that Dr. Watson is not to blame in his treatment and management of the case, and that he has shown every caution necessary. The meeting is also of opinion that in consequence of there not having been any medical witness produced before the coroner, the jury gave their verdict without sufficient evidence, the mother and an old woman who acted as nurse being the only witnesses examined.

Anæsthetics—Hall's Ready Method in Suspended Respiration.

Dr. David Prince, of Jacksonville, Illinois, communicates to the Chicago *Medical Examiner* some interesting statements about his use of anæsthetics. He says that immediately upon the introduction of chloroform in surgical operations by Prof. Simpson, he relinquished the use of ether in its favor. Though he never saw any unhappy results from its use, he became alarmed at the reported fatal results caused by it, and adopted the formula of three parts of ether to one of chloroform, *by bulk*, as recommended by Dr. Mussey, of Cincinnati. This he has used for ten years.

In the following cases, Dr. Prince demonstrates the utility of Marshall Hall's Ready Method in suspended respiration, under the use of anæsthesia:

"In two cases, respiration ceased while patients were under the influence of this mixture. In the first of these cases, the patient lying upon his side, horizontally, was undergoing an operation for excision of a cancer of the lower lip, and the formation of a new lip. The respiration suddenly ceased. No time was lost in turning the patient over, *to* and *fro*, according to Marshall Hall's "Ready Method." The patient breathed again, and the operation was proceeded with. I, at the time, attributed this to blood in the glottis.

"In the next case, the patient was lying upon a bed, about to undergo amputation of the leg. The assistant, who was administering the anæsthetic, said that the patient did not breathe. The patient was immediately turned upon his side, upon his face, and back upon his side, and then upon his back, repeating this process to and fro about sixteen times a minute, and pausing a little each time the patient came upon his back, side and face. Not many of these semi-revolutions were required, to restore respiration, which commenced with a gasp. A methodist minister, who was standing by as a spectator, remarked that the patient had been nearly enough 'across the river, to hear the horn blow on the other side.'

"As soon as respiration was completely restored, the operation was proceeded with, more of the anæsthetic being administered as it was needed.

"*A Fatal Case.*—A dog was being rendered insensible for a surgical experiment, when his breathing was noticed to cease. He was immediately turned over, to and fro, and the breathing commencing with a gasp, went on as before. The experiment was then performed, and the dog made a good recovery. At another time, the same dog was undergoing a different experiment, when his breathing was noticed to cease. He would have been instantly turned over, as on the former occasion, but that it was a little inconvenient to stop the process for that purpose. The blood did not flow as freely as it was expected to do, and the process, (testing Simpson's *acu-pressure* for controlling hemorrhage,) was suspended to turn the animal over, but to no purpose; too much time had been lost. If the "Ready Method" had been resorted to immediately on the cessation of respiration, I have no doubt it would have been as effectual as in the other instance, with the same dog. A little impatience at being interrupted cost the animal his life.

"It follows that a man of caution, who entertains these views, will never give a patient an anæsthetic with such surroundings as to render it impracticable to turn him over, to and fro, upon the occurrence of any, (even suspicious,) flagging of respiration.

"What has been said, leads to the inference that all other restoratives are practically excluded, except those which may be resorted to at the same time.

"The patient may be slapped upon the back, and cold water may be dashed upon the face, at the same time that the semi or quarter rotations are being practiced, and they are, therefore, appropriate enough, as *auxiliaries*, to the "Ready Method."

"What about applying a bottle of ammonia to the nose—of giving the patient a drink of brandy when he is not breathing? How much vapor of ammonia will go into the nostrils in the absence of inspiration, and where will the brandy go more readily than into the larynx under these circumstances?

"The *fatal* objection to these or any other remedies which take place of artificial respiration, is, that these uselessly squander the only few moments during which respiration can be restored.

"Upon the theory that the heart first ceases its function, and the lungs afterward theirs, the question is, whether the *first few moments* shall be spent in rolling the patient over, thus applying that heart-stimulant, which arises from the continuance of the flow of blood through the lungs, thus draining the heart of blood on one side, and replenishing it with blood upon the other; or whether they shall be spent in getting ready a galvanic apparatus with which to *shock* the patient,—any man sees the decision of the question in its very statement.

"The *first few moments* must be applied in keeping up the respiration, and there is but one means of doing this on the instant. The seconds of time diminish in value in a rapid ratio, and the very first second may be employed in turning the patient over—thus securing a change in the amount of air in the lungs, by the necessary motion of the ribs and diaphragm during the change of position, and this change in amount of air is respiration."

LANCING GUMS—*By Julius Dienelt.*

Having read an article on lancing gums, by Dr. J. D. White, in a previous number of the Dental Cosmos, in which he advocates lancing the gums before extracting teeth, and knowing how indispensable it is to do so, we would give the following case in illustration of the aforesaid. It happened to us but a few weeks ago: The patient being a youth about sixteen years of age. He applied to us for the extraction of the first right inferior molar. As the tooth in question appeared to be set very firmly, we lanced the gums well all around, except between it and the second bicuspid, where we could not get with our lancet; the forceps were applied, and the tooth drawn quite readily. Upon examining the tooth, however, we were surprised

to see the bicuspid firmly united to it, by a flap of hard granulated gum; both teeth had thus been drawn simultaneously. So firmly was the gum united to both teeth, that it required considerable force to cut it loose from them.

The tooth thus accidentally dislodged proved to be perfectly sound, so that we thought it best to slip it back into its socket, requesting the patient to inform us in a short time how the tooth was getting on. Up to this time the tooth is doing well, and has become quite firm again. We have made up our mind, since this occurrence, which at the time we regretted very much, to be more careful than ever to lance the gums well before extracting teeth.

NEW TREATMENT OF DIPHTHERIA.

Dr. J. C. Calhoun, of Ringgold, Georgia, recommends, in the Nashville *Journal of Medicine*, the following treatment in diphtheria. The *principle* of the treatment is, however, by no means new:

"℞—Two tablespoonsful of fresh tar;
The yolk of an egg.

S. Spread on a piece of coarse cloth, cover it with a piece of old muslin, and apply to the throat.

"This plaster should be renewed once in eight hours. If the subject is an adult, direct him to use a strong decoction of cayenne as a gargle every two hours. For children, a weaker decoction should be used, and applied to the throat with a mop. This, together with keeping the bowels in a soluble condition, will as certainly cure diphtheria, as quinine will arrest intermittent fever."

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 2, 1861.

THE AMERICAN MEDICAL ASSOCIATION.

The *fourteenth* annual meeting of the Association will be held in Chicago on the first Tuesday in June next. We trust and believe that there will, on that occasion, be a full attendance of delegates and permanent members from all parts of the country.

That the Association has always had its enemies, has been a proof that it was accomplishing *something*, and that that something has been *good*, is evidenced by the fact that it has the cordial sympathy and support of the best men in the profession throughout the country. Much of the opposition to the Association has come from men who are connected with medical teaching, and has found expression through the pages of their representative medical journals. Why, if they are desirous, as they certainly should be, of elevating the status of the profession, they should oppose the Association, we cannot conceive. This opposition to the Association, and fear of its influence, lead to the suspicion that in some, at least, of our medical schools there are defects in teaching that their faculties are desirous of perpetuating. Some of these opponents of the Association are trying, of late, to bring national politics to bear unfavorably on its prosperity and usefulness. We do not think, however, that they will succeed. The Association has no connection, and will have none, with the politics of the country. It is an independent body, as all scientific bodies should be, is perfecting its plan of organization, and is rapidly gaining the good will of the whole profession.

Whatever political changes an all-wise Providence may have in store for our beloved country, we see no reason why there should not still be an *American* Medical Association, taking into its embrace not only all parts of our own land, but the adjoining British, Spanish, and Mexican possessions. Ours is an empire of science. National boundaries need not check its progress.

If it shall be our good fortune to be at Chicago, we expect to see all the officers of the Association in their places, and a fair representation of the profession North, South, East, and West, and we trust that the Committee of Arrangements will follow the example of the Detroit committee, when the Association met in that city, and invite the presence of the medical profession of the British Provinces.

The object of the migratory feature of the Association is to develop in different sections of the country an interest in its objects and aims, and it is expected, of course, that the particular section of country in which the meeting is held will be more largely represented than any *one* other section. The Northwest will, therefore, have a preponderating influence in the

approaching meeting of the Association, and, if that body will imbibe something of the energy and the spirit of progress that characterizes that section of country, its meeting in Chicago will be a profitable one, even if no other direct good should result from it.

In regard to the Presidency of the Association, one of our cotemporaries* seems to have tried to develop a rivalry between two prominent physicians of Chicago, connected with the two medical schools in that city. We trust that this effort, which is calculated to mar the usefulness and pleasantness of the meeting will meet with no countenance on the part of the profession of Illinois.

We wish the Association would elect its presidents by ballot, *without the intervention of nominating committees in any form*, and thus get a true indication of the wishes of a majority of the delegates.

☞ We are still very much in need of copies of the Reporter of October 6, 1860—the first number of the current volume—to supply new subscribers, for which we will cheerfully pay ten cents per copy. Readers, who may have that number to spare, will confer a great favor on us by forwarding it to the address of the Reporter.

We have kept a list of those who have applied for that number, and will supply them as rapidly as we can.

Correspondence.

THE RECENT EXAMINATION IN THE CENTRAL HIGH SCHOOL.

Messrs. Editors:—If an individual occupying a position in a public institution answered every attack made upon him by the press, he would have time for little else. Heretofore I have refrained from replying to statements which have appeared in journals of the day, believing that, with inconsiderable exceptions, such were the result of either prejudice or ignorance.

I shall, however, deviate from my usual course on the present occasion, and prepare a reply to an article which appeared in your issue of February 9, 1861, entitled "Mental Hygiene and Public Education."

The Philadelphia *Inquirer*, of January 31, 1861, contained a number of questions prepared by the various professors of the High School. Some of said questions were employed during the examination of candidates for admission, and others were proposed to the graduating class. I have not the *Inquirer* of the above date before me now, but am convinced that the questions in "Mental Philosophy" were designated as having formed a part of the "Final Examination of Division A"—the graduating class. Now, gentlemen, permit me to explain to your readers the true state of the case, and then contrast it with the statement made by you.

The ten questions on "Anatomy and Mental Philosophy" (the first part of the title was omitted by the *Inquirer*) were proposed to a class of young gentlemen who had been pupils of the High School for four years, who, from the beginning of their course, had received lectures on Anatomy, Physiology, Moral and Mental Philosophy, delivered either by the venerable Professor McMurtrie or myself, and who, on the 14th of February, 1861, received the degree of Bachelor of Arts. The ages of the members of this class varied from 18 years and 6 months to 23 years.

You assert that the questions were proposed "to the Central High School candidates." Now, what do we understand by a "candidate?" A boy, seldom more than 13 or 14 years of age, who, having devoted his attention to Arithmetic, Mensuration, Geography, History, etc., etc., in a Grammar School, seeks *admission into the High School*. Now, who among your readers could for an instant suppose that such questions as have been alluded to were ever intended for "candidates?" I very much regret that you did not seek information on the subject before you published an article which is calculated to injure me, and the reply to which, I trust, you will do me the justice to publish.

A word concerning the questions themselves. A single glance will show that they refer in the main to two subjects: First, Intemperance, and, second, Vision. What subject better calculated to impress young men about to commence the journey of life on their own account than intemperance? In what better way can a teacher illustrate the evils of intemperance than by describing the hallucinations, the tremors, the fear of impending evil, and the loss of sleep experienced by the subject of mania-a-potu?

As to the questions of "congestion, chronic inflammation, or molecular changes," which you allude to, I have only to say that my design is to give a general description, a bold outline, to explain the philosophy of the matter, and not to detail the views of authors on "mooted questions." When I have explained the fact that delirium tremens is a state of mental depression, shown how that depression is

* Since deceased; *de mortuis*, etc.

brought about, and illustrated the danger to which every man is exposed who habitually uses alcoholic stimulants, I have accomplished all that I deem desirable.

It is my custom to describe the organs of sense in conjunction with the discussion on sensation, and as vision occupied our attention during the last term, the anatomy of the eye became a proper subject of examination. The same remarks made concerning delirium tremens will apply to the anatomy of the eye. The description given was, in the main, general, i. e., I desired to make the class well acquainted with the relation of parts rather than give them a minute description of the various portions of the eye.

Happening, however, to have a large drawing of Jacob's coat, I explained it to the class, and the pupils were just as able to make a sketch of the coat, and describe it, as anything else which appealed to their senses, and all this, too, without any danger of overtaxing their brains.

You object to the cramming system, but not more than I do. My constant effort has been, and is, to offer instruction in such a manner as shall improve, and *really* educate, and not merely make the minds of pupils huge dictionaries of high-sounding phrases without meaning. It is only a year since I wrote, delivered, and published an essay on "Educational Fallacies," (a copy of which I sent you,) in which cramming and its kindred errors were severely censured. I do not believe I am guilty of the sin so loudly condemned. One reason why I desired my pupils, at the recent examination, to make *a drawing* of the ciliary ligament was founded on this very principle. Any boy can study a printed description of a ligament, but if he can make a correct drawing of the same, he must have a true knowledge of it.

When the readers of the Medical and Surgical Reporter remember that the High School is an institution which seeks to give its pupils a knowledge of the various sciences, including Anatomy, Physiology, Chemistry, Moral and Mental Philosophy, etc., etc., I do not fear that I will be censured, after this explanation, for proposing to a graduating class ten questions such as have been referred to.

I am, very truly,

Edward W. Vogdes, M. D.,

Professor of Moral, Mental, and Political Science.

Central High School, Philada., Feb. 19, 1861.

Massachusetts Correspondence.

Rainsford Island Hospital.

Boston, Feb. 23, 1861.

I purpose giving you this week a report of the Rainsford Island for the last year. This institution was originally established as a hospital for the reception of the pauper sick of the State, but for some reason the Alien Commissioners send a large portion of the sick to the different almshouses. The hospital is admirably situated on Ranisford Island, in Boston harbor, about six miles from the city, connection being made by a small steamer hired by the State for that purpose. Dr. Lemuel Barker is Superintendent and Physician, and Dr. Winslow Lewis, of Boston, one of the Inspectors of the Institution.

The number of patients admitted during the past year is 809—males, 420; females, 389.

Remaining at commencement of past year, 159—males, 77; females, 82. Discharged, 730—males, 376; females, 354.

Remaining at the commencement of this year, 147—males, 75; females, 72.

Whole number of patients under treatment during the year,	968
Greater number at any one time,	210
Least number,	147
Weekly average,	169
Whole number admitted from 1854 to 1861,	5117
The number of deaths during the year,	91
" births " "	23

Of those who died, there were—males, 51; females, 40.

Among the diseases had under treatment are the following—Typhoid fever, 15; typhus fever, 3: diphtheria, 3; strangulated colon, 1; pneumonia, 20; small-pox, 158; syphilis, 136.

The following is a general oversight of the diseases treated:

General Diseases—Fevers,	22
Constitutional Diseases,	26
Diseases of Digestive System,	40
" Absorbent,	10
" Respiratory,	82
" Circulatory,	6
" Organs of Secretion,	13
" Skin,	12
" Liver,	7
" Nervous System,	136
Surgical Injuries,	49
Surgical Diseases,	173
Diseases of the Eye and Ear,	39
" Anus,	6
" Bones and Joints,	20
" Urinary Organs,	72
Other diseases,	31

The number of Surgical Operations performed, 23.

Amputation Metacarpal Bones,	1
Fistula in Ano,	5
Phymosis,	12
Schirrhus Mamara,	3
Amputation of Foot,	1
Amputation of Arm,	1

The deaths were from the following diseases:

Typhoid Fever,	2
Typhus "	1
Typhus with Delirium Tremens,	4
Typhus with Syphilis,	3
Variola,	22
Diarrhœa, chronic,	1
Strangulation of Intestine,	1
Scrofula,	1
Tabes Mesenterica,	2
Pneumonia,	3
" Typhoides,	1
Gangrene of Lungs,	1
Phthisis,	19
Dillatation of Heart,	1
Valvula Disease of Heart,	1
Anasarca,	4
Meningitis,	1
Delirium Tremens,	7
Poison,	1
Moribund, when received,	5
Premature Birth,	1
Old Age,	1
Cirrhosis,	1
Carcinoma Uteri,	1
Syphilis, Secondary,	3
" Tertiary,	2
" Congenital,	2
Total,	91

Of the patients, were born in Massachusetts,	156
" " " Maine,	41
" " " Vermont,	16
" " " N. Hampshire,	14
" " " Rhode Island,	2
" " " Connecticut,	2
" " " out of N. England,	58
Unascertained,	55
Total,	344

Born in Ireland,	440
" England,	52
" British Provinces,	89
" Scotland,	20
" Germany,	13
" Sweden,	4
" France,	1
" Prussia,	1
" Italy,	2
" Denmark,	1
" Portugal,	1
Total,	968

Born in United States of American parents,	163
" " Foreign "	126
Unascertained,	55
Born in Foreign Countries,	624
Total,	968

One hundred and fifty-eight cases of the dreaded pest, small-pox, have been under treatment; of these about fourteen and a half per cent, only, have been fatal. This happy result is attributed to the pure, cool, and bracing atmosphere of the island.

Dr. Barker observes that fewer cases of consumption have been sent to the institution than in former years. "This," he says, "is well; the atmosphere is not tempered to diseased lungs, and is actually pernicious. Where such cases demand the public charity, they are sent to the State Almshouses."

"In treating cases of delirium tremens," says Dr. Barker, "I have been again and again impressed with unmistakable evidences of *drug poison*. This disease, the result of dissipation and excess, often defies every mode of treatment, and, indeed, writers are at variance as to the best method. But of late all methods seem alike at fault, and the fatality is unusual. It begins to be a question whether some police regulations to prevent adulteration should not be enacted, if the sale of liquors is to be continued."

The actual expense to the State for the support of this Institution for the past year is $23,002 14. M.

Philadelphia, March 1st, 1861.

Messrs. Editors:—In looking over the volume of "Transactions of the American Medical Association for 1860," which I received a few days ago, I discover that, in the roll of the delegates on page 20, the name of the Philadelphia County Medical Society has been omitted, and the delegates from that body—viz: Drs. Nebinger, Lamb, and Gobrecht—inserted among those from the Philadelphia Medical Society. I regret exceedingly this occurrence, because our county society has always been represented in the Association by our most respectable physicians; is the largest in numbers of any medical society in the city; is the most active; is the representative of the State Medical Society; and because, finally, it ever has and still continues to cherish a warm interest in the prosperity of the American Medical Association.

I do not intend, by this notice, to cast any reflection upon the secretary, Dr. Hubbard, of New Haven, as I can comprehend how easily a stranger to our various organizations might be led into an error; but, as the volume was printed in Philadelphia, under the supervision of the Committee of Publication, there is less excuse for the omission. I observe, also, that the names of thirteen deceased members from Pennsylvania remain upon the list of permanent members without an obelisk figure thereto. W. J.

PATHOLOGY OF TUBERCLE AND THE TREATMENT OF PHTHISIS.

Messrs. Editors:—In your Journal for April 21st, 1860, you called attention to the views of Dr. Godwin Tims, of London, in regard to the nature of tubercle. It is the opinion of Dr. Tims that, where *disintegration exceeds excretion*, tubercles result. In your Journal for May 12th, 1860, Dr. E. J. Fountain, of Davenport, Iowa, claims originality for this idea, and says he first advocated it in the New York *Journal of Medicine* for July, 1859.

It has been the opinion of many that tubercles resulted from an imperfect assimilative process; that in the process of digestion and assimilation, from some defect in the assimilative process, the reparative cells are imperfectly formed, and imperfect nutrition and the deposition of tubercles are the consequence.

There are *others* who hold that *tubercles are the result of a want of equilibrium between the disintegratory and the assimilative process;* to the latter belong Dr. Tims, of London, and Dr. Fountain, of Davenport, Iowa. As before stated, the latter claims to be the original suggester of this idea. He claims that, in the New York *Journal of Medicine* for July, 1859, he claimed that tubercle was the result of "an *imperfect removal from the system of a portion of the products of organic decay.*"

In the March number of our *summary of American medical journalism*, prepared for the *American Medical Monthly* for 1860, we quoted the views of Dr. Fountain, and added the remark that this idea *was not original* to Dr. Fountain.

In the *American Medical Monthly* for September, 1860, Dr. Fountain has an elaborate paper explaining his views of the *pathology* and *treatment* of phthisis, in which he charges us with ignorance and inaccuracy of statement.

In the January number of the *American Medical Monthly* for 1859, we published an article in which we gave some opinions upon tubercle. There are some ideas, as well as sentences, in Dr. Fountain's paper that lead us to think that our paper was before him when he wrote in 1859. We make one quotation from our paper in the *Monthly* for January, 1856:—"Pathologists have generally considered fibrin the material by which textures are chiefly nourished and repaired—the nutritiveness of the blood; in a word, the pabulum from which come growth and repair. *Many eminent names* in the profession have recently taken a *different view*, and now consider it an *excrementitious product*, derived from the waste of the tissues or the oxidation of the blood." That is, that the elements of tubercle, for a time back, have been, by the first names in the profession, regarded as the result of *retained excrementitious product.*

In the face of this remark, Dr. Fountain claims originality for the expression of this idea several years later. We should not have noticed this matter had he not expressed great surprise at our ignorance and inaccuracy. The fact is, this idea, in regard to the nature of tubercle, was advanced as early as 1854, and Dr. Fountain yet claims originality as late as 1859, and charges with ignorance any person who chooses to expose his error.

He has published several papers upon the use of the *chlorate of potash* in phthisis; but, like his special pathology, even this is not new! Dr. Copland, in his *Dictionary of Medicine*, in an article upon *bronchitis*, which was written more than twenty years ago, recommends the *chlorate of potash* in chronic bronchitis, and adds:—"Mr. *Murray*, in a recent publication, states that *he has employed it successfully in consumption.*" Hence it will be seen that Dr. Fountain's pathology has been anticipated by at least *seven* years, and his treatment by more than *twenty!* Were it not for the fact that we have given this treatment repeated trials with unsatisfactory results, and were it not for the fact that he charges us with ignorance and inaccuracy, we should not have noticed this matter. Ignorant, we confess, we ever expect to be, but inaccurate or unfair in statement we confess never to have *intentionally* been.

O. C. Gibbs, M. D.,
Frewsburg, N. Y.

NEWS AND MISCELLANY.

New York Ophthalmic School.—The *ninth anniversary* of this institution was held, Monday evening, February 25th, in the Fourteenth street Medical College, in the presence of a large number of students, medical men, and ladies—Peter Cooper, Esq., president, in the chair. Dr. Mark Stephenson, senior Surgeon to the institution and Lecturer on Ophthalmic Surgery, in a few preliminary remarks, stated that a thorough course of lectures had been given on the anatomy, physiology, pathology, and treatment of the eye, during the last winter, to over thirty students and physicians from all sections of the United States, twenty-six of whom had passed an examination, and, to his personal knowledge, he believed they were better prepared to practice ophthalmic surgery than the most of surgeons who had been fifteen or twenty years in practice. Dr. Stephenson concluded by awarding testimonials to the following gentlemen composing the graduating class:

J. Craig, Minnesota; G. W. Edwards, N. Y.; C. F. Miesse, Ohio; B. A. Watson, N. J.; F. G. Stanley, M. D., Ill.; J. E. Lynch, Ohio; A. J. Harris, Pa.; J. T. H. Scott, M. D., Iowa; W. L. Wheeler, N. Y.; H. Hill, M. D., Canada West; S. Souders, Ohio; S. W. Brigs, M. D., New Brunswick; J. L. Kiernan, M. D., N. Y.; S. Ayers, Ind.; C. R. Case, Mich; H. S. Plympton, Mass.; T. H. Stillwell, N. Y.; G. R. Wells, M. D., Wis.; J. W. Robie, N. H.; S. J. Dewey, Ill.; A. D. Smith, Geo.; B. O.

Reynolds, M. D., Wis.; C. Hill, N. C.; R. V. McKim, Md.

Dr. J. P. Garrish, one of the surgeons of the hospital, delivered an eloquent address to the students, and the valedictory address was spoken by Dr. Jas. L. Kiernan of the graduating class. Dr. Kiernan was much applauded, and a copy of his address has been solicited for publication in the next annual report of the institution.

The exercises were closed with a few very appropriate remarks from that distinguished philanthropist, Peter Cooper, Esq., who spoke in the highest terms of the institution and its surgeons, also the great responsibility about to devolve upon the young gentleman who were just entering upon the discharge of their professional duties.

Unicorn Uterus.—Twelve cases have been collected by Prof. Kussmaul, (*Heidelberg Verhandl.*, V.) They allow the following conclusions:—Menstruation is the same as with a normal-shaped uterus. Sterility is not a necessary consequence of the deformity, but is, when present, dependent upon some other abnormity; for instance, occlusion of the oviduct. The developed horn, as well as the rudimental one, may admit the reception and development of an impregnated ovum; but this will not take place in the rudiment, except when no communication exists between it and the other part. It is probable, however, that this communication is shut up by the pressure of the dilated vessels and the decidua. Women, with a unicorn womb and one ovary, may give birth to numerous children of both sexes, as observed by Chaussier. This fact destroys the old theory that the sex of the fœtus is dependent upon the ovary. The unicorn uterus does not prevent repeated gestations, and may even retain twins up to the full term; it does not cause abortion, if not combined with other conditions. The impregnated rudimental horn, on the other hand, is always liable to rupture, which usually occurs in the apex. The condition of a woman with a unicorn womb, during pregnancy, depends on the individuality. Delivery after gestation, in the developed horn, has never been attended by particular difficulties. Where the fœtus was contained in the rudiment, the case has been almost always mistaken for tubal gestation.—*Vierteljahrschr., Cinc. Lanc. and Observ.*

☞We would call the attention of our readers to the card of Dr. Clendennin of Cincinnati, in this number. Dr. Clendennin has considerable reputation as a teacher of anatomy, and we would recommend his course to those of our readers who wish to pursue their anatomical studies in that city.

Lancaster City and County Medical Society.—At a stated meeting of this Society, held Jan. 23d, 1861, the following were elected officers for the ensuing year:—President, Dr. James P. Andrews; Vice-Presidents, Drs. Jacob L. Ziegler and Samuel R. Sample; Secretary, Dr. John Levergood; Corresponding Secretary, Dr. Henry Carpenter; Treasurer, Dr. J. Aug. Ehler; Censor, Dr. John Ream.

Drs. John L. Atlee, Sr., P. Cassidy, H. Carpenter, J. Aug. Ehler, John Ream, Samuel R. Sample, and Peter S. Clinger were elected Delegates to the American Medical Association.

Philadelphia County Medical Society.—At the annual business meeting of this association the following officers were elected for 1861. President—Dr. Joseph Carson; Vice-Presidents—Dr. J. Forsythe Meigs and Dr. L. P. Gebhard; Recording Secretary—Dr. Wm. B. Atkinson; Assistant Recording Secretary—Dr. A. Owen Stille; Corresponding Secretary—Dr. Wm. H. Gobrecht; Treasurer—Dr. A. Nebinger; Censor—Dr. John F. Lamb.

Northern Medical Association—Officers for 1861.—President—Dr. L. P. Gebhard; Vice-President—Dr. Oscar Osler; Recording Secretary—Dr. Wm. B. Atkinson; Corresponding Secretary—Dr. Wm. Mayburry; Reporting Secretaries—Dr. S. N. Troth and Dr. William B. Atkinson; Treasurer—Dr. J. Henry Smaltz; Counsellors Drs. N. L. Hatfield, L. Curtis, A. M. Slocum, J. H. Smaltz.

The Medical Colleges are closing their winter sessions. The annual commencement of the medical department of Pennsylvania College takes place to day. Valedictory by Dr. B. Howard Rand.

The Pennsylvania College of Dental Surgery held its commencement on Thursday evening. Valedictory by Dr. W. Calvert.

Army and Navy.—Surgeon R. A. Coolidge, Medical Department, has been assigned to duty at Benecia Barracks, California. Surgeon S. P. Moore, Medical Department, has been assigned to duty at Fort Pickens, Florida. Assistant Surgeon E. W. Johns, Medical Department, is ordered to report for duty at Fort Monroe, Virginia.

True in the End.—Homœopaths make this boast—that the "Allopaths" dispense medicines, and they dispense with it. This may be partially true, owing to their losing their patients so very quickly.—*Punch.*

Pennsylvania Hospital.—Dr. C. C. Lee has been elected one of the Resident Physicians.

The Increase in the Sale of Nostrums.—A correspondent of the Boston *Medical Journal* says that there has been within the past few years an immense increase in the sale of patent medicines, and that forty per cent. of the items, which make up the orders sent for drugs, are for such articles. The price current list shows that the number of quack medicines in demand is between five and six hundred. It is not uncommon for those who deal in them largely and exclusively, to make purchase of a single article at one time to the amount of ten thousand dollars. Notwithstanding the great success of some adventurers, the business is an extremely hazardous and precarious one. The cost of winning public attention and creating a demand is very great, and usually exceeds the profits. Where one like Ayer, Brandreth, or Townsend succeeds, hundreds are driven into bankruptcy.

Wills Hospital.—The following gentlemen have been elected managers of this institution: Charles Ellis, John Gegan, Jr., M. D., and Thomas Wilmer.

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DIED.

Mosser.—Dr. D. O. Mosser was born in Lynn township, Lehigh county. He graduated at the University of New York in the year 1845. He died of congestion of the brain on the 22d of February, 1861, at his residence in Breinigsville, Lehigh county. The cause of his death was a fall on the ice about six weeks previous to his death. The departure of Dr. Mosser deserves more than a passing notice. Cut down in the prime of life, the blow falls heavily not only on the friends and relatives in Breinigsville, but throughout the county. Living, we loved and respected him, and were grateful at all times to receive from him kind advice—dead, we feel that affection was worthily bestowed. He was much beloved by all that knew him, and being endowed with talents that made him a shining light throughout the whole community, he appeared at all times in his practice with all the attributes of a true and worthy Christian gentleman. He was ready at all times to render aid and a helping hand to all afflicted. As a physician he had few equals, and was always kind to the poor. In his business honest, upright, precise—governed by a strict sense of honor. The large concourse of people that were present at his burial showed how universally his loss was felt.

T. C. Yeager.

Allentown, Feb. 27th, 1861.

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Answers to Correspondents.

To Correspondents.—*Will the author of a communication entitled "A New Title—not a 'New Degree,'" please write to us? A small portion of his paper with his name has been accidentally lost.*

COMMUNICATIONS RECEIVED.

Connecticut—T. G. White, Dr. R. H. Hubbard, (with encl.,) Dr. L. N. Beardsley, (with encl.,) Dr. H. E. Cook, (with encl.,) Dr. C. H. Hubbard, (with encl.,) Dr. A. H. King, (with encl.,) Dr. C. F. Blood, (with encl.,) Dr. C. P. Weaver, (with encl.,) Dr. W. F. Stoddard, (with encl.,) Dr. A. Hobron, (with encl.,) Dr. W. W. Miner, (with encl.,) Dr. W. W. Sheffield, (with encl.,) Dr. O. H. Jewell, (with encl.,) Dr. O. E. Miner, (with encl.,) Dr. J. Gray, (with encl.,) Dr. E. F. Coates, (with encl.,) Dr. G. E. Palmer, (with encl.,) Dr. E. C. McEwen, (with encl.,) Dr. E. A. Brinley, (with encl.,) Dr. R. A. Mannaring, (with encl.) *Indiana*—Dr. W. Dickey, Dr. J. A. Blackwell, (with encl.) *Illinois*—Dr. E. M. Winters, Drs. Hull and Morris. *Kentucky*—Dr. D. Johnson. *Maryland*—Dr. MacNicholl, Dr. R. A. Dougherty, (with encl.,) Dr. F. Howard. *New Jersey*—Dr. T. T. Price, (with encl.,) Dr. A. N. Dougherty. *New York*—Dr. J. E. King. (with encl,) Dr. J. Caldwell, Dr. A. Cochrane, (with encl.,) Dr. Felgemacher, (with encl.) Dr. J. R. Wood, (2,) Dr. C. G. Bacon, Dr. C. M. Johnson, (with encl.,) Dr. H. Townsend, Dr. C. A. Haselmaier, (with encl.) *Ohio*—Dr. J. A. Little, Dr. A. J. Martin, Dr. N. B. Tyler, (with encl.,) Dr. W. Cusick, (with encl.,) Dr. N. E. Hackedorn, (with encl.,) Dr. W. Clendenin (with encl.,) Dr. H. T. Lacey, (with encl. for J. H. Beard and John W. McCord.) *Pennsylvania*—Dr. W. G. Nugent, (with encl.,) Dr. C. P. Herrington, (with encl.,) Dr. L. N. Bingham, Dr. J. L. Peirce, (with encl.,) Dr. C Sellers, (with encl.) F. A. Shoemaker, Dr. A. Y. Schelly, Dr. G. R. Lewis. *Virginia*—Dr. MacNicholl, Dr. R. S. Seis, (with encl.,) Dr. W. J. Bates, (with encl.,) Dr. J. H. Broomfield, (with encl.,) Dr. Kennedy, (with encl.)

Office Payments—Dr. J. S. Cook, (N. J.,) Dr. S. B. Irwin, (N J.) N. F. Riter, (Pa.,) Dr. McClenachan, (adv.,) Dr. John Conry, (Pa.) T. N. Lewis, (Ohio.) By Mr. Hulme: Dr. Samuel C. Breitanbach, Dr. J. Allen Ramsay, Dr. W. Thomson, and Dr. J. E. Whiteside. By Mr. Swaine: Drs. Rachenberger, Helfrick, Knorr, J. Wilson, W. A. Piper, Brown and Wilkinson.

CINCINNATI—

I will resume my Course of Demonstrations of Anatomy in relation to Medicine and Surgery, Monday, March 11th, in the Dental College Building.

These Demonstrations embrace the Medical and Surgical Anatomy of the Viscera, the Neck, Groin, Perineum, the Joints, etc. Also, the distribution and relations of the Sympathetic, Pneumogastric, and Fifth Pair of Nerves.

Ticket to the course, Ten Dollars.

Physicians and Students wishing instructions in Operative Surgery will be accommodated at any time.

Material abundant at moderate price.

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Southeast corner Seventh and Vine,
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PHILADELPHIA OPHTHALMIC SCHOOL,
No. 1518 LOMBARD Street.

Lectures on Ophthalmic and Aural Medicine and Operative Surgery, every Monday and Thursday, at 12 o'clock, by L. Turnbull, M. D.

The course will commence on the first of April, in the new Lecture Room of the Howard Hospital. After each Lecture, Clinical Instruction will be given.

The course treats of the clinical use of the Ophthalmoscope in its application to the diagnosis of obscure diseases of the eye. Also, the use of the Otoscope in affections of the ear. Dr. T. has provided himself with large and beautiful drawings; also, the celebrated models of "Auzoux" of the eye and ear for class demonstrations.

This is the only regular course of Lectures delivered in this city on these special branches, which were commenced in the fall of 1856. It has been found more convenient to the student to change them to the Spring and Summer, omitting them during the months of July and August.

For further information apply to

DR. L. TURNBULL,
mh2-1m No. 1208 SPRUCE Street.

TO STUDENTS.—A Young Man, with a good Preliminary Education, desirous of studying Medicine, is wanted in a Town in the State of Delaware, to superintend a Drug Store. For his services instruction will be given. Books furnished with all the necessary Appliances for Office Study, the Advertiser being a Graduate of the University of Pennsylvania.

Apply in person only at the Office of the MEDICAL AND SURGICAL REPORTER.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 229. | PHILADELPHIA, MARCH 9, 1861. | NEW SERIES, VOL. V. NO. 23.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Lead Colic. Delivered at the Pennsylvania Hospital, February 13th, 1861.

By Francis G. Smith, M. D.

The patient before the class is Hugh Harrison, æt. 34, born in Ireland, nineteen years resident in this country, by trade a carpenter, but latterly engaged in house painting. He has been sick for twenty-six days.

He was attacked while coming into town on the Market street cars, at night, with a sensation as though his fingers were being pricked with sharp needles; during the following day he felt pain in the epigastric region. His bowels had been costive for two or three days, but without pain; about his dinner-time he was attacked with sick stomach and threw up a quantity of watery fluid.

When he came into the house, twelve days after being taken ill, he presented the following symptoms; he had had constipation for several days, with great difficulty in evacuating the bowels, and the fœcal discharges were lumpy and dark in color. He had some pain around the umbilicus, and some retraction of the walls of the abdomen. On examining his mouth there was found the peculiar bluish gray line all along the upper margin of the gums, pointed out as a characteristic sign by Benton, of England. In taking his symptoms into consideration, with the line on the edge of the gums, there was little difficulty in determining the case as one of those peculiar forms of nervous disease presenting themselves in this class of patients, known under the name of *lead colic*, and depending upon the introduction of the lead poison into the system.

All persons who work in lead are liable to this disease, which manifests itself by obstinate pain, of a twisting character, in the abdomen, and retraction of its walls around the umbilicus and the evacuation of lumpy and dark colored fœcal matter.

It is also found in those who prepare the lead for the use of painters, those who run the lead pipe for gas or water purposes, all who handle lead in their operations, as printers, etc. Others, sometimes, become the subjects of this disease as well as those who work in lead; persons who are in the habit of drinking water which has been drawn through leaden pipes when the water is not perfectly pure. It has been found in those who drink soda water largely, especially when it is drawn from leaden fountains, and in those who indulge in cider which has lain in a leaden vat; it has also been produced by the daily use of water which has laid in leaden tanks.

Dr. S. had seen a case of a gentleman who had an excellent spring of water about a mile from his house, the water from which he conveyed to his residence through leaden pipes, and conducted it to a tank on the top of his house, lined with lead. After using this water for some time, he and his family began to suffer from constipation, lead colic, and even the cattle on his farm became attacked with the disease.

This disease has received various names; that by which it is best known is Colica Pictonum—lead colic. It is also called Devonshire colic, from its frequent occurrence in that district, and the name pictonum, also, comes from its occurrence in Poictou, a province of France.

That it depends on the direct introduction of the poison of lead into the system is unquestionably true. It has been detected in the substance of muscles in animals who have been purposely subjected to the lead poison. The

poison manifests itself, also, in another way by which it can be recognized, and this patient presents the peculiar symptom referred to. It exists in the form of a paralysis of certain muscles of the body, the extensor muscles of the fore-arm. It is a curious circumstance that when this poison thus exists in the system, it should seem to single out peculiar portions of the body in preference to all others; and it seems to illustrate a doctrine in physiology, that every portion of the body has an especial affinity for some peculiar material or element in the blood, which it draws out, leaving the rest untouched in that fluid.

If this is true of a physiological condition, there is no reason why it should not be equally true in a pathological condition, and thus there seems to be a peculiar affinity between particular muscles of the fore-arm for the lead-poison to the exclusion of all others.

When this lead has thus been drawn from the blood and deposited in these extensor muscles, it produces a form of paralysis, first recognized by an inability to lift the wrist. Hence painters, when working in this material, have their attention first called to the presence of lead in the system by what is called the *wrist-drop;* they find they experience a difficulty in lifting the brush again after having made the down strokes.

In the patient, it exists in the fingers more particularly, though to some extent in the wrist; he cannot stretch his fingers out to the full extent—it is manifested most in the first finger and in the ring-finger particularly, and in both hands. This does not exist in him to the extent that is often manifested, as he raises his hand partially, but he has the drop to a sufficient amount to produce an inability to extend the fingers, and there is a constant disposition for them to be flexed into the palm of the hand.

The paralysis of the extensor muscles of the fore-arm is not accompanied by any rigidity in the parts in which it is manifested. They can be readily drawn up in their extended condition, and they are relaxed instead of being irritable, as in other cases of palsy from different causes.

Some pathologists say that the muscular fibres, in which this paralysis occurs, lose their irritability, so that they cannot be stimulated into action even by the application of galvanism.

In other forms of paralysis, paralyzed muscles seem to be the most irritable; the irritability seems to be stored up by want of exercise, so that they manifest contractile power upon the application of the slightest stimulus.

Nay, more, it is said that the muscular fibre undergoes positive degeneration and becomes converted into a fatty material, rendering it not only impossible to restore the general health, but the power of these muscles, on the integrity of which the obtaining of a livelihood frequently depends.

What should be the treatment in these cases? To meet the first symptoms, the colic and constipation, a judicious combination of purgatives and opiates generally answers the purpose; laudanum and castor-oil, or, as was given to this man, an infusion of senna, with occasionally some opium to relieve the colicky pains. You can generally succeed in overcoming the constipation; but this is one of the least of the evils: you can overcome the pressing symptoms, but they recur unless you endeavor to eliminate from the system the poison on which the existence of the disease depends.

By many, opium is extolled to the highest degree; and, by others, mercury is said to have a peculiar influence in removing lead from the system. In a strong and healthy subject, it is an admirable practice; but in one somewhat debilitated, whose strength is not great, it is better to save the strength as much as possible, and to remove the poison by means which will not deteriorate the blood and impoverish the system. It is said that the iodide of potassium reduces the lead to a soluble condition, and enables the salts to be readily thrown out of the system, and this is the ordinary treatment practiced, giving to the patient *five or six grains potassii iodidum* three times a day. This will find its way into the blood, select out those portions where this poison exists, convert the salts into iodides which are soluble, and thus enable them to be eliminated and the iodides be detected in the excretions.

The treatment of the patient has been mainly this: There were first administered purgatives, an infusion of senna, guarded with opium, to relieve the pain; an occasional anodyne enema, with warm fomentations to the stomach; and after having overcome the constipation, the iodide of potassium was given so as to form the iodides of lead.

Under this treatment there has been a certain amount of diminution of the peculiar bluish line along the gums; but there is still enough of the poison remaining in his system to pro-

duce this paralysis, but the hands are much stronger than they were when he was admitted into the house, when he had the wrist-drop distinctly marked. At present he can move it pretty well, and there is also a marked increase in the strength of his fingers. Every day he has the galvanic battery applied, a direct current being sent through the extensor muscles, so as to try to arouse them to action, the effect of which has been beneficial.

If they do not entirely recover their power under the use of the battery, the hands will be put in a splint, and confined to it, so as to let the extensor muscles have a chance to rest, putting them in a state of quietude, and thus enable them to recover their tone, while the process of elimination of the poison is going on. During the past few days some symptoms have manifested themselves, which show that the poison is not yet all eliminated from the system, for a few days ago the patient was attacked with a chill, followed by intense pain in the back, by headache, and some degree of delirium. This is another mode in which the effect of lead poisoning is sometimes manifested.

There was with these brain symptoms, a decided diminution in the quantity of urine evacuated, and he was, therefore, directed to be cupped over the region of the kidney; to have a free purge, and blister applied to the back of the neck; under which treatment he has considerably improved.

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New Fusible Metal.—Dr. B. Wood, of this city, has discovered a valuable alloy, which fuses at 150 deg. F., a much lower temperature than the fusing point of any metal previously known. It is especially adapted for light casting, and is composed of one or two parts cadmium, seven to eight parts bismuth, two parts of tin, and four parts of lead. By the addition of mercury, the fusing point may be lowered to almost any extent, without impairing the tenacity of the metal. Cadmium is well known to possess the property of promoting the fusibility of several metals, as copper, tin, lead, and bismuth, though on silver, antimony, and mercury, it has no such effect. These, and other properties possessed by cadmium, will render it as valuable in some of the useful arts, as it is interesting to the scientific inquirer.—*Nashville Journal.*

The New Orleans Medical News and Hospital Gazette will hereafter be edited by Dr. Anthony A. Peniston, Professor in the New Orleans School of Medicine, Drs. Warren Brickell and E. D. Fenner having withdrawn.

COMMUNICATIONS.

A New Method of Treating Barton's and Colles' Fracture.*

By John Swinburne, M. D.,
Of Albany, N. Y.

The object of this paper is to place more fully before the profession a simple and effectual mode for the treatment of fractures of the carpal end of the radius, commonly called Barton's or Colles' fracture, depending upon its position.

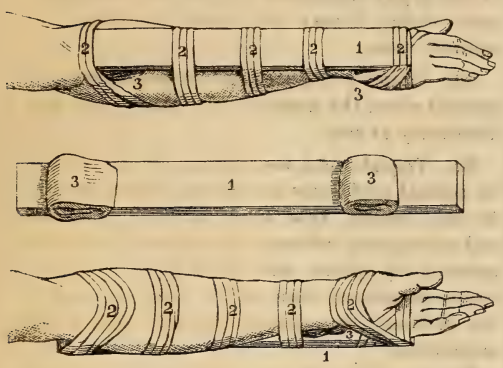
The majority of these cases are complicated, with dislocation of the ulna, giving to the wrist the appearance of simple dislocation.

In my paper entitled "*A Ready Method for the Treatment of Fractures of all the Long Bones by Simple Extension,*" read before the last convention of the State Medical Society, I stated that the Colles' fracture was the only exception to this plan of treatment. By exception I do not mean *absolute exception*, for, in this form of fracture, we require the two points, i. e., extension and counter-extension, and, inasmuch as the arm in its normal condition, does not represent a straight line, we require some posterior deflection at the wrist to imitate a normal arm.

This posterior deflection and extension I have successfully obtained by the use of *one* splint, made of thin material, (a piece of cigar box,) and applied to its posterior aspect, no wider than the arm, extending from the point of the elbow to the metacarpo-phalangeal articulation, and having two compresses, one of which fills the posterior concavity of the carpus, and the other to supply the deficiency in the straight line at the elbow. Now, apply the splint (fig. 1.) to the posterior surface of the arm, fasten the upper end of it to the elbow by means of adhesive plaster, enclosing the end of the splint, and applied in a serpentine course about the arm, so that it cannot slide upward. Now, make the proper extension on the hand, and at the same time counter-extend, by pushing up the carpal end of the splint, continuing this effort at extension and counter-extension until full reduction of the fractured radius and dislocated ulna is effected; then the splint is fastened to the hand by the same serpentine application of the

* See also an interesting article in the Reporter for April 2d, 1859, (Vol. II., p 9.) "On Fractures through the Inferior Extremity of the Radius—their Direction and the Causes of the Deformity. By Henry H. Smith, M. D., Prof. of Surgery in the University of Pennsylvania."

plasters. At this period of the dressing it will be seen that the compress (fig. 3) seems to crowd the splint away from the arm, when, in fact, the limb is only straight, which is not its natural condition. All that is now necessary to complete the dressing, is to press the carpal end of the fore-arm gently backward against the splint, and retain it there by the adhesive plaster passed around the arm and splint. (fig. 2-2.)



1. Splint; 2. Adhesive Straps; 3. Compress.

By this simple plan I have now treated eight cases of Colles' fracture, and in all of those where this treatment was carried out it resulted in the full restoration of the limb without the splint ever being removed, and with only an occasional addition of a few pieces of adhesive plaster to perpetuate the extension and retain it in position.

These results are so good that in *Case No.* 3, seen by Dr. Lewis A. Sayre, consulting surgeon to Bellevue Hospital, New York, the affected arm was pronounced as perfect as its fellow. The dressings were removed from this arm on the 22d day of its treatment, and he saw it on the 26th day after the occurrence of the accident. This was distorted at the time of fracture as much as it could be with fracture of the radius, and complete antero-lateral dislocation of the ulna, giving it the peculiar appearance called the *silver fork* deformity.

A surgeon would naturally think that little more could be said of the treatment of fractures after reading the complete and comprehensive work on Surgery, by Prof. Samuel D. Gross, of Philadelphia, in which this subject is fully and ably discussed, and though I may disagree with him on several points, as regards the treatment of fracture, and especially this one, I hope he will receive it with due kindness by showing me wherein I am wrong. In reference to the band apparatus for the treatment of Barton and Colles' fracture, he says:—"Having encircled the thumb and fingers, the better to control the resulting swelling, and the fracture having been adjusted by pressure and extension, a roller is next passed around the limb as high up as the superior part of the fore-arm, special care being taken that it shall not produce the slightest constriction anywhere."

Now, we start with the assertion that there is no need of bandaging in the treatment of fractures at all, and that the treatment is more speedy and comfortable to the patient without bandages than with them. I have now treated, without any bandages whatever, forty fractures of the thigh, in every portion of its shaft, simple, compound, comminuted, and intra-capsular, and with better results than would be obtained by splints and bandages. I have treated over one hundred fractures of the long bones with no bandaging, and only dressing enough to perpetuate the extension, which, in my humble judgment, is much better than trying to force the bones to maintain their position by lateral pressure with bandages, compresses, and splints.

If the source of irritation, (the fractured ends of the bones,) is removed by their reduction and maintenance by such means as will not obstruct circulation and cause infiltration and inflammation, the precautions as to bandaging are unnecessary. If bandaging, at the time of its application, does not produce the slightest constriction anywhere, the subsequent infiltration and inflammation of the tissues will soon make the limb an uncomfortable bedfellow, as every day's practice will sufficiently attest.

I think it is not the bandaging at the time that produces all the bad results we occasionally see; it is the subsequent swelling. I regret to say that the profession, sometimes, sacrifice everything to appearance. A beautiful dressing (with them) is synonymous with a good result.

Now, if there is no necessity of bandages in the treatment of fractures, why not dispense with them as much as possible, as they are painful and troublesome in their application, and in all the subsequent dressing still more so.

They constrict the limb, producing more or less mischief—1st, by the extra warmth of the parts; 2d, obstruction to circulation; 3d, difficulty of examining carefully the position of the bones; 4th, the trouble, pain, and disturbance of the bones in re-dressings. Per contra, by the plan under discussion the limb is kept cool, is

examined at will, and little constriction ensues. Hence, little or no pain is experienced during the process of reparation, and no disturbance caused in redressing. From the inspection of the wood cuts in Prof. Gross' work in the treatment of this fracture, the hand is allowed to drop or slope, as he says, "so as to put the extensors of the thumb slightly on the stretch," and, in relation to this form of displacement, he says: "The above dressings, (Bond's,) and a modification of Bond's splints will answer equally well, whatever may be the character of the displacement, whether backward or forward." I think that this simple dropping or flexing of the hand to the ulnar side effects something still more important than simply "to put the extensors of the thumb slightly on the stretch." It forces the dislocated ulna backward in its normal position posterior to instead of anterior to the carpus, and in apposition with the os pisiforme. By this means he makes the hand the lever, the ulna the fulcrum, the distorted radius and extensors of the thumb the resistance, while the ulna is moved or pried into its normal position by this leverage. It cannot pass by the pisiform bone in front, and hence a reduction of necessity is effected, though not as complete as could be desired. The radius is, of necessity, elongated, and hence, by these means, extension is obtained without really appreciating it.

Take, for example, an old unreduced Colles' fracture, where the ulna is resting against the os pisiforme, as it is in a recent case—imitate the movements necessary for replacement by Bond's apparatus—note the difficulty in anterior or lateral ulnar flexion.

Here, then, you have the solution of this problem. Lateral flexion and moderate extension replaces the ulna and radius, while the continued lateral flexion retains the ulna and prevents any subsequent displacement; while the extensors could not displace the wrist as long as the ulna plays the part of a radius, even though it is not absolutely in its normal position. The advantages of this form of apparatus can be summed up in a few words:

1st. The hand and arm are in a straight position and not encumbered by clumsy dressings, so that a business man can dress himself and go about as usual.

2d. It can be examined at pleasure, while any lotions do not disturb the dressings.

3d. From the first, the ulna assumes its natural relations with the pisiform bone, and the whole wrist seem at once restored to its natural symmetry.

4th. The swelling which may ensue does not disarrange the dressings or jeopardize the integrity of the parts.

5th. No re-dressings of the limb become an absolute necessity.

6th. The material is always at hand, easily applied, and with little suffering to the patient, except slight uneasiness for two or three days, after which, I may say, there is almost absolutely none.

7th. Union is effected much sooner by this method when the parts are not constricted and absolutely at rest.

8th. The ultimate restoration of the joint to its normal usefulness is obtained much sooner, for this reason, that there is less infiltration and subsequent inflammation where there is no pressure by splints and bandages, etc., to obstruct circulation than where they are used in the ordinary way, though applied with every precaution.

The simplicity of this dressing recommends its consideration and use, even though it were only *equally* efficient with other modes of treatment.

Six out of eight cases treated by this method were discharged as perfect results at periods varying from twenty-one to twenty-five days, while union was complete at from sixteen to eighteen days. In one instance, it was allowed to remain for thirty-two days, at the earnest solicitation of the old lady, who had already one silver fork deformity—which occured in the "ould counthry"—and did not desire any more. The remaining two passed out of my hands, one (the Scott case, No. 7,) to the western part of the State, (Livingston county.) I learn, though the dressings were not disturbed after he left this city, that his arm is perfect. This was the Hon. Mr. Scott who kindly consented to present himself before the State Medical Society, that they might see the dressings as applied, and the position of the bones. None of the learned members could take exception to its position.

The second (*Case* No. 5) passed into the hands of a New York Doctor, and did not fare so well, as will be seen by the extracts of a report written me by a grandson of the lady. She left here on the fourth day after the accident for New York with all the parts in apposition, and with every prospect of union in twen-

ty-two to twenty-five days. He writes me, under date of February 20th, 1861: "The plasters were all taken off, the wrist bandaged and kept in a paste-board rest. It seemed to mend slowly; but about four weeks after the fracture the hand swelled very considerably, and the skin appeared very much puffed up. Perhaps this was owing to the bandaging too tightly, as, on being loosened, the swelling subsided slowly. About eight weeks after the fall, the bandages were left off, and then it was found that, besides the fracture, the wrist had been very much sprained. The fingers are yet stiff and very clumsy."

This case, when collated with the other seven, stands out in bold relief, and would really seem to require no comments, but inasmuch as I am familiar with the details of the treatment, and the character and results, I will venture to indulge in a few remarks.

1st. The seven treated without bandaging and contriction from the beginning to the end, resulted in perfect arms, and in from twenty-two to thirty days, and some of them were much more bruised and distorted than hers.

2d. While in this special case, No. 5, the extension was removed I suppose about the fifth or sixth day; also, the means of keeping the dislocated ulna in its normal position, were dispensed with, and in its place a bandage was "applied around the hand and wrist, and the arm laid in a paste-board rest. *About four weeks after the fracture the hand swelled!*" At four weeks there should have been no swelling, nor should there have been any need of bandages to make the hand swell and puff, and at eight weeks (56 days) only, the bandages are removed. Surely, time enough was here consumed to have perfected the cure in three such fractures. After all these fifty-six days are consumed in the treatment of Colles' fracture, they gravely tell us that "the wrist had been very much sprained," as if dislocation and fracture, followed by infiltration and inflammation, and aggravated by tight bandaging for four weeks, and moderate bandaging for four more, with no passive motion, is synonymous with a simple *sprained wrist!*

I mean not to reflect unjustly on any practitioner, but simply wish to lay these cases, with their treatment and ultimate results, before the profession, as they were all equally fair cases for good results, and this one in particular.

Case No. 1.—Mrs. ——, aged 40, American, good habits and constitution. Dec. 8, 1861, fell on the ice, fracturing the radius and dislocating the ulna. Dressed with splint on the dorsal surface of arm, as delineated in this paper. Applied cloths wrung out of warm water—pain and swelling disappeared on the third day, but no disposition to displacement in any direction—no redressing—well in twenty-days, and all dressings removed in twenty-two days—arm as perfect as its fellow.

No. 2.—Mrs. J. U., aged 50 years, Irish, office patient. January 4, 1861, Colles' fracture was produced by a fall on the ice—great distortion. Dressed as above. Called at office every third day, when an occasional plaster was added, but no re-dressing until the twenty-third day after accident, when all dressings were removed, leaving a perfect arm.

No. 3.—Mrs. J. R., aged 38, English. Jan. 10, 1861, produced Colles' fracture by a fall on ice. Great distortion and intense pain, which was instantly relieved by the application of the splint with the extension, warm water dressings, etc. Dressing removed in twenty-two days, leaving a perfect arm. This Dr. Sayre, of New York, saw with me on the twenty-fifth day, and pronounced it perfect.

No. 4.—Mrs. J. E., aged 39, Irish, office patient. January 2, 1861, fell on ice, producing Colles' fracture, with great distortion, pain, and swelling. Dressed as above, and though I did not see this patient for three weeks after the injury, and found that there had been no re-adjustment of the adhesive straps, no re-dressing, the dressings were entirely removed on the fifteenth day by the patient herself, when she commenced using it in her household duties; and I saw it at twenty-three days after the accident; she complained that it was too weak "for washing heavy things with." Notwithstanding the early removal of these dressings, and the little medical attention bestowed, the result was good.

No. 5.—Mrs. W., aged about 60, American. Dec. 5, 1860, fell on ice, producing Colles' fracture, with dislocation of ulna; great distortion, pain, and swelling. Dressed as above—applied warm water dressings. Pain subsiding gradually on the fourth day, when she left for New York, swelling nearly all subsided, and little pain remaining. Parts in perfect position.

No. 6.—Mrs. R., aged 70, Irish. January 20, 1861, fell down stairs, and produced Colles' frac-

ture. Intense pain, great distortion, and swelling. Dressed by the above method and lotions. Union formed in twenty-two days, but from solicitation of patient left dressing on a few days longer, when it was found perfect.

No. 7.—Hon. Mr. Scott, aged 50. February, 1861, slipped on the ice, and produced Colles' fracture, with great distortion and swelling. Through the politeness of Dr. Mason F. Cogswell, of this city, I was permitted to take charge of the case, as also the following one, No. 8. Applied the above dressings and lotions, and on the fourth day he was well enough to present himself to the State Medical Society then in session in this city, with his arm passed through his coat sleeve as usual, and supported by a sling. On the fifth day he returned to his friends, since which I learn that the arm will be perfect, and that no change was made in the dressings after he left the city.

No. 8.—Mr. J. O., aged 50. February 10, 1861, fell on ice producing Collis' fracture, with moderate distortion. Dressed as above—same treatment. Dressings removed in twenty-two days, leaving a perfect arm.

In all of the above cases there is more or less stiffening of the wrist and fingers for a time, but much less than there is when any considerable constrictive power is used, and particularly when the relative position of the dislocated joint and fractured ends are fully restored to their original condition.

There is a second and even more important consideration to be fulfilled, and that is to separate, so as to prevent friction of the dislocated ends of the bone, (without constricting them,) thereby imitating the now received notions for the treatment of recently inflamed joints.

Pathology of Albuminuria. What is the Proximate Cause of the Dropsy?

Read before the Davenport and Rock Island Pathological Society, February 26th, 1861.

By E. J. Fountain, M. D.

In a lecture delivered recently at the Pennsylvania Hospital, by Francis G. Smith, M. D., and published in the Reporter of February 16th, this query is answered by referring it to the mechanical effect of a stasis of the circulation through the corpora Malpighiana, by which it is assumed there will be "a backing upon the left ventricle of the heart; thence into the left auricle;" thence through the lungs to the right side of the heart, resulting in a general venous engorgement and consequent infiltration of serum into the cellular tissue of the body.

This explanation is by no means satisfactory; but, before stating objections to it and offering another, which I think I can be better sustained by facts and sound philosophy, it will be well to glance at the different theories which have been entertained on this point by a few prominent writers on the subject of albuminuria. Dr. Copeland refers it (the dropsy) to the thin and impoverished condition of the blood, and to "impairment of the vital affinity between its several constituents, and between it and the blood corpuscles." Andral says it necessarily results from the loss of the albuminous principle of the blood. "It is this principle chiefly," says Dr. C. J. B. Williams, "that gives the blood-liquor its spissitude, which renders it more fit to pass along the vessels, and prevents it from transuding through their walls. This deficiency, (of albumen,) therefore, seems to be a chief constituent of the dropsical diathesis." Dr. Darwell, after stating (*Cyclop. of Pract. Med.*) that the dropsy commences in the *lower extremities*, says he has observed that it shows itself first in the limb corresponding with the diseased kidney, and hence he infers that the dropsy is caused by the enlarged kidney *pressing upon the ascending vena cava!* This is a very ludicrous inference from an erroneous premises; for, in the first place, the dropsy does *not* commence in the lower extremities; but, granting that it does, how could the left kidney press upon the ascending cava, which is to the right of the aorta? And again, would not any pressure upon the ascending cava impede the return of blood equally from each limb? Moreover, pressure upon the ascending vena cava would produce dropsy *only* in the lower extremities. The whole argument is very absurd. Copeland says "that the dropsy is *not* owing to an excess of serum, is shown by its coexistence with a free discharge of urine and diarrhœa, and with an anæmic state of the vascular system in many instances." Dr. Williams says "a watery blood tends to produce dropsy, not only by a greater proneness of the fluids to transude through the walls of the capillaries, but also by the failure and irregular distribution of the force of the circulation." Dr. Alonzo Clark (who is good authority on this subject) believes that the dropsy is caused by the retention of *urea* in the blood, producing

an inflammation of the lining membrane of the blood-vessels, which causes a transudation of serum through their walls. Still another theory is the one expressed in the lecture of Dr. Smith, viz: that the dropsy is the physical effect of renal engorgement, which is supposed to retard the flow of blood through the whole vascular system. Inasmuch as there is evidently a great discrepancy of opinion among authorities, the subject may be considered a fair one for criticism and discussion.

The first objection to the explanation offered by Dr. Smith, which will naturally occur to any one, is that no amount of obstruction to the circulation of blood through an organ the size of the kidney is adequate to such results as a physical operation. Even supposing the current of blood in the renal arteries to be completely arrested, the backward impulse of this interruption would be quickly diffused through the powerful current of the aorta and its numerous branches. If such were the effects of an interruption to the circulation through a large artery, dropsy would necessarily result from every case of aneurism and kindred obstructions, including operations which arrest it completely by ligation or pressure. But no such effect is observed, for the reason that the force of the obstruction is quickly diffused through a large extent of elastic arterial channels, which are so constructed as to become readily adapted to all such changes. Facts teach us that arterial obstructions, equal and far greater than that produced by renal engorgement, do not result in dropsical effusion, and sound philosophy forbids the idea of such a powerful "backing" influence from a cause so inadequate to such results. Still other objections might be urged against such a view. Thus it would be hard to reconcile it with the fact that the dropsy of albuminuria is generally greater in the early stages of the disease, while the facility of circulation through the kidney is in no way increased by its progress. The first stage is undoubtedly one of renal congestion; but this soon begins to subside irregularly in parts of the kidney, which are thus left in a condition of anæmia, while other parts are still congested and in a state of hyperæmia, giving rise to a mottled appearance of the surface. Granular degeneration follows, during which the cellular tissue of the kidney becomes hypertrophied, as in cirrhosis of the liver and emphysema of the lungs, and as in these affections the vascularity of organ is changed to that form which is peculiar to cellular tissue. From this period the kidney diminishes in size, the new matter deposited in the secreting portion of the kidney following the law of adventitious growths generally in *contracting*. This progresses with sundry changes in the interior of the organ, until it becomes lobular in character and finally atrophied, hard, and irregular in shape. These pathological changes are briefly noted to show how improbable it is that the circulation of blood is less obstructed in the latter than in the early stages of the disease. With the well-known fact that the dropsy is generally greatest in the early stages of the disease, it is hardly probable that it is due to the physical effect of impeded circulation, which is certainly not diminished as the disease progresses, during which the organ changes from congestion and hypertrophy to anæmia and atrophy.

The theory which attributes the dropsy to inflammation of the lining membrane of the blood-vessels, resulting from the presence of the urea, is open to still more serious objections, which may be stated as follows:

1st. The dropsy sometimes, especially in the acute form of the disease, shows itself and reaches its greatest height *before the secretion of urea is in the least suppressed.*

2d. As a general rule, the dropsy is the greatest in the early period of albuminuria, diminishing as the disease advances, and often disappearing entirely in the last stage.

3d. The *urea* is not generally retained in the blood in the commencement of the disease, but its suppression is gradual, accumulating more and more in the blood as it progresses.

4th. Death sometimes takes place as the consequence of uræmic poisoning of the blood from granular degeneration of the kidneys without any dropsical effusion. (Cases of this kind have been presented before the New York Pathological Society.)

The opinion of Andral and Williams that the dropsy is caused by the loss of the albuminous principle of the blood is, probably, the true one; or, at least, it may properly be so regarded until another less free from objection can be substituted. In addition to the arguments above stated incidentally in its favor, the opinion is strengthened by the fact noticed by Andral and Delafond, that sheep affected with the rot become dropsical *only* in those cases in which there is a deficiency of albumen in the blood. They observed that many thus affected were not dropsical, and in all such the quan-

tity of albumen in the blood was found to be natural.

Whether the loss of albumen from the blood produces the dropsy by permitting a more rapid transudation through the walls of the capillaries, as stated by Dr. Williams, or by reducing their power of reabsorbing the watery portion of the cytoblastema (the blastema of Schwann) after the appropriation by the tissues of the elements of nutrition, may be considered an open question. I do not know that the latter opinion has been advanced by any author, but it is one which I ventured to suggest about ten years ago, and I still think it possesses some degree of plausibility. The serous portion of the blood with soluble elements of nutrition must pass constantly and rapidly through the walls of the capillaries to supply the wants of the various tissues, the *débris* of which must in return be carried back in solution with the remaining watery portion of the blastema. This process must be governed by some law of vitality differing from that of endos- and exosmosis. Whatever this may be, it is certain that a free influx of serous fluid from the capillaries into the tissues exterior to their walls must go on constantly in health, and the return of what is not required for nutrition must be as uninterrupted. It is evident, therefore, that a dropsical accumulation will take place if this return current is interrupted; and may not one of the conditions essential to the due performance of this function be the presence of a certain amount of albumen in the blood?

There are no open pores through the walls of the blood-vessels through which one liquid may pass more readily than another, and the transudation either way must be by a process akin to endosmosis, which requires a difference in the density of the fluids on opposite sides for its performance. We cannot, by this law, account for the transudation *from* the vessels of any part of the blood, though it might possibly for its return; and the facility of the latter process may be lessened by the loss of albumen.

This view is, of course, quite hypothetical; but facts seem to warrant the conclusion that in some way the dropsy is so prominently connected with the loss of albumen, that, until a better explanation is offered, we may properly regard them in the light of cause and effect. It is true that albuminous urine does not always produce dropsy. This, however, may happen by the modifying influence of agencies in conditions of the system differing from such as usually exist in Bright's disease, or the dropsy may depend upon a degree of reduction in the amount of albumen, which is not reached in those cases of temporary and functional derangement where this symptom does not appear.

In the absence of certain knowledge, it is proper always to adopt a theory which is the least objectionable, and regard it as the true one until another is found which will relieve the subject of all obscurity. If unable to do this, some approach may be made to the truth by the easier task of pointing out objections to such as already exist, by which the investigation will be reduced to narrower limits and more progress made in the right direction.

A Case of Un-united Fracture Successfully Treated by Prof. H. H. Smith's Apparatus.

By Wm. Waters, M. D.,
Of Frederick, Md.
Reported by W. D. Brengle.

J. C., about 45 years of age, was kicked by a horse in July, 1858, the injury producing an oblique transverse fracture of the tibia and fibula of the left leg, about midway of its length. After the ordinary treatment for four weeks, the lower shaft of the tibia was found to overlap the upper one three-fourths of an inch, and the fracture was flexible, though the fibula had united. Being called in consultation at this stage of the case, and extension failing to reduce the deformity, I advised rotation to break up the bond of union and extension to reduce the shortening, which succeeded in bringing the fragments in apposition. After this, the case progressed very favorably until some union had taken place, when it was thought advisable to give the patient the benefit of fresh air and exercise, as his health was suffering from confinement. Accordingly, about two months after the accident, Suetin's immovable apparatus was applied, which the patient wore for two weeks, when it was reapplied. Upon the evening of its reapplication, the limb began to swell and continued so to do, though the patient, contrary to advice, failed to give notice of it for forty-eight hours. The immovable apparatus was, therefore, removed and the limb allowed to rest on pillows. In two weeks the swelling had subsided considerably, but the seat of fracture was yet flexible, and, as the patient had suffered from previous confinement

and there was no disposition in the bone to unite, the artificial limb of Prof. H. H. Smith, of Philadelphia, as suggested by him in the *American Journal of Medical Sciences*, January, 1855, was obtained of Mr. Kolbé and applied, the patient being advised to take exercise upon the fractured limb, and thereby produce pressure and motion at the point of fracture, as advised by Prof. Smith. After wearing this for three months, walking all the time, we were gratified in obtaining ossific union, and the patient has now a perfectly useful limb.

Diphtheria in the Valley of Virginia.

By W. H. Triplett, M. D.,
Of Harrisonburg, Va.

Diphtheria, diphtherite, or diphtheritis, belongs to that class of diseases which, by its sudden appearance and fatality, so frequently surprises a household and community, and overwhelm them with consternation and gloom. Like them, it has evaded all persevering research into its nature and origin, and the mind of the physician, eager for knowledge to alleviate human suffering in this department of disease, must at present be satisfied to know its appreciable qualities, and its effects on the economy, and use the remedies which experience may dictate, or future practice may discover to combat them.

On comparing notes of the individual features of this disease, I find some differences to exist between them and the picture presented to me by writers, and, on mature reflection, I am forced to the conviction that it is only a new outbreak of the old-time, old-named, *putrid sore throat*—the sthenic and membranous form of that malady.

Symptoms.—Skin dry and hot; pulse full and frequent, with pain in the frontal sinus, and a sense of great soreness through the back and limbs. The tongue is covered with a pale, white fur, diminishing in intensity as it approaches the apex, where it becomes quite thin, allowing the enlarged and congested papillæ to be distinctly seen through it, and giving the tongue a peculiarly spotted appearance.

On looking at the tonsils they are seen to be swollen, and one or both covered with a thick and yellowish coat of lymph, looking much like laudable pus, but, in reality, firm and resisting to touch of instrument, as hard, unyielding carbuncle. There is no nausea; on the contrary, the stomach is slow in responding to emetics, the effect of which is soon worn off after emesis.

The abdomen is a little warmer than natural, and somewhat swollen, but no pain is sustained by the patient on firm pressure of its contents. Costiveness is generally present throughout the entire attack, yet diarrhœa is not an unusual accompaniment.

I should notice, here, that in scarcely any of the cases seen by me, or heard from, did the large effusion of lymph and serum in the areolar tissue of the neck occur; hence, I am tempted to believe that it is a symptom peculiar to locality, and not an invariable attendant on this disease.

The above is the picture of the disease presented to the practitioner when called to see it for the first time, and before it has been long on its line of march; presently, if nothing be done to prevent, or applied means are inefficient, the whole roof of the mouth, or hard and soft palate, and Schneiderian membrane, is veiled over, and the respiration noticed to be laboring. Now the case is desperate, and likely to eventuate fatally, since large quantities of false membrane are thrown out by rapid action of the subjacent tissues along the œsophagus and trachea, or rather on their mucous membrane, and death is on the patient by asphyxia. In this class of cases, the invalid dies with a good pulse, and, perhaps, brings surprise to the household as well as physician; for the membrane (sole cause of all apprehension) may have peeled off of all the surface accessible to sight, (leaving the mucous membrane deeply reddened by congestion,) and thereby inducing in the minds of his attendants the impression of recovery, but the little sufferer dies in consequence of imperforate trachea—*smothered.*

Treatment.—Large doses of tartar emetic should be administered early in the disease, that strong emesis may be had, and thereby a powerful impression made; after this, some one of the mild preparations of mercury should be rapidly administered to break down the tendency to plastic deposit.

Gargles may be used, and some blistering ointment, or reubefaciant, applied to the neck; but I have very little faith in the virtue of local applications. Under this treatment, if commenced in time, the invalid will soon be restored to health. If, when the respiration becomes easy, the mucous membrane clear off, and general indications show apparent recovery, and the

patient still linger in feeble convalescence, let strong animal broths and brandy be administered to aid nature in her work.

But this feeble condition marks the province of the other form of throat disease with which diphtheria has associated in its march through Virginia, to give the description of which is only to recount the old story of putrid sore throat: here we find abscess in the tonsils, sloughy ulceration, feeble heart, death coming by asthenia, and not by apnœa, as in the former disease. The treatment is brandy and caustic.

Iodide of Potassium in Gleet.

By H. B. Wilson, M. D.,
Of Boonsboro' Md.

"What is gleet?" has been a question which has exercised the minds of many of our most eminent pathologists, while the answer has been almost as diversified as the number of writers. One considers it a sero-purulent disease, the result of gonorrhœa, and always attending chronic inflammation of the mucus membrane of the urethra in that affection; another looks upon it as totally devoid of inflammation, and brought about by congestion and want of tone in the blood-vessels; while a third regards it as the result of relaxation simply, though having its origin in a specific cause. Professor F. Skey, of England, is of the opinion that it is "a dropsical condition, or dropsy of the urethra," which, if let alone, will probably "cure itself." Whatever may be the true nature of the affection, and the experience of Professor Skey as to the ease with which some cases can cure themselves, if let alone, yet it must have come under the observation of most physicians that there are certain forms of disease, which, for a long time, resist the most careful and persevering treatment.

We generally meet with it as a sequence of gonorrhœa, after the active inflammation has been reduced, accompanied by chordee and a sero-purulent or serous discharge; the system is, perhaps, in an anemic condition; all sthenic action and swelling have subsided; ardor urinæ no longer exists, except, perhaps, in a slight degree, and nothing remains but the pale, watery secretion to give evidence of any traces of morbid action still left. In such a condition I have found no remedy as efficient as iodide of potassium, used as an injection several times a day, in the proportion of iod. potas. gr. iii. ad. aquæ f℥i; and if there be anemic condition of the system, in connection with the above, tinct. ferri and a wholesome but unstimulating diet are great additions. In the case of a young gentleman, who lately came under my hands, who had been suffering from gleet for near one year, and who had tried nitras argenti, acetas plumbi, sulph. zinci, and other remedies without any permanent relief, I put him on Professor Skey's treatment, viz: ½ gr. of sulphate of zinc to an ounce of soda water, as an injection, with tonic remedies inwardly; but the abatement of the gleet was only temporary, though the remedies were used perseveringly; after which I tried subnitrate of bismuth with the same result, and at last a trial of the iod. potassium was attended with immediate relief and a permanent cure. In numerous other cases, which seemed to resist all other treatment, I have found its use to meet my most sanguine expectations. The alterative and tonic character of the remedy seems to have a happy effect in allaying the irritable and relaxed state of the mucous membrane of the urethra. It is well worthy of a trial in the troublesome affection of gleet.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

January 23*d*, 1861.

CHRONIC RHEUMATISM—DISEASE OF THE HEAD, ETC.

The patient is an old seamen. He has been fifty years on the sea; got his rheumatism forty-five years ago in a tropical climate. He has never had rheumatism in the violent, acute form, but always in the subacute form; has had the present attack between five and six weeks. His hands are thickened and swollen; his knees are not affected; there is no effusion, though there is pain; on the right side there is a very little effusion, as evinced by a puffiness of that joint. The ankles are a little swollen, and the patient complains of pain in both ankles. The case is not exactly one of chronic rheumatism, because it disappears and again recurs.

In these cases there is not usually found any great alteration of the heart.

Endocarditis is a necessary result in acute rheumatism; that is, you can always detect

alteration of the heart, which, in nearly all cases, is a result of endocarditis, though sometimes there is more of a lesion than at others. There is, of course, a rasping sound of the heart coincident with the act of systole. This is not confined to the mitral valve; at the semilunar valve it also exists, but to a less marked degree; therefore there is a stiffening of the mitral valve, producing contraction and also dilatation, for, paradoxical as it may seem, these two conditions can and do co-exist.

In the treatment, the iodide of potassium will act best, particularly in cases where there has been venereal disease, and, as seamen are particularly prone to contract such disease, it is always safe to act as if there was such a taint. This is a good remedy, however, even if there is no such taint. Dover's powder is a good means of relief.

The mercurial practice is often resorted to, but the patients don't remain cured very long, and the practice is often positively injurious.

In this hospital, the custom is to resort to all sorts of applications to the surface, by baths, etc.; alone, they are of little or no avail, especially when the disease has become fixed, as it were, in a patient for a long time. It is then almost impossible to get entirely rid of it.

The patient is taking ten grains Dover's powder at night. He also takes five grains twice during the day; he also takes some squills on account of a little catarrh.

A variety of remedies have been recommended for this disease, such as guiacum, compound extract of sarsaparilla, which latter is more useful to the apothecaries who vend it than to the patient. There are medicines positively beneficial, such as Dover's powder, baths of various kinds, warm clothing, etc.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January 3d.*)

SEVERE CASE OF FROST BITE.

This is what might be termed a medical case of surgery.

The patient is a man brought a couple of days previously from the suburbs of the city, (Germantown,) who had not only had his feet frosted, but his toes actually frozen.

He came in suffering under the constitutional as well as the local effects of the injury.

He was much depressed; debilitated in every way; and it has been necessary to support his system with the strongest house diet, at the same time using stimulants in the form of milk punch.

His feet were frosted a week before he was brought to the house. He had been out all night till near daylight.

At the present stage of the injury the frost bite has lost its specific characteristics, and does not require the special treatment of thawing gradually, which is necessary in recent cases. In these, snow and ice must be applied in a cool room, to guard against too sudden a reaction taking place in the tissues, the vitality of which has been impaired, and the circulation arrested.

This treatment will, sometimes, result in the restoration of parts, which, at first, seem to be dead.

In the present case, the toes of the left foot are in the condition of a sloughing ulcer, and the consequence will be the loss of all the toes, except the small one; and, on the right foot, not only the toes but the foot, as far as the junction of the metatarsal with the tarsal bones.

A warm flaxseed poultice has been kept applied to the part. If it becomes offensive there may be put with it a little yeast, or some beer grains, or chlorinated soda, etc. Sometimes charcoal is employed.

It will be necessary to wait until the line of demarcation forms before performing an operation. When this line is formed, and the inflammatory process around the part has ceased, the toes will be lost, and, perhaps, part of the metatarsal bones. Amputation will be necessary, and, in the right foot most probably of the metatarsal bones, with the lower range of the tarsal bones.

JEFFERSON MEDICAL COLLEGE.

January 19th, 1861.

SURGICAL CLINIC.

Service of Dr. Pancoast.

CLUB-FOOT; TENOTOMY; DIVISION OF THE SOLEUS.

In dividing a tendon for club-foot and similar deformities, a cicatricial tissue is formed between the divided ends, forming a new tendon, which, in some cases, contracts again, and the deformity returns. Where, in club-foot, the tendon is hard, and the head of the gastrocnemius muscle tense also, then it is proper to cut the tendo-Achilles itself; but this condition forms an exception to the general rule, for it is generally found that it is only the soleus muscle which is at fault, the head of the gastrocnemius not being found rigid, and, therefore, it is unnecessary to divide the common tendon, when a division of the muscle at fault is all that is necessary. In the present case (a child five months old) the tendon of the soleus was divided subcutaneously with the tenotomy knife of Bouvier, when the foot assumed its normal position.

CYSTIC TUMOR ON THE BACK OF THE NECK—REMOVAL.

This is quite a large tumor on the back of the neck of a little child. It is made up of blood cysts. It might be called an aneurism, in which the arteries are not concerned. It is a venous aneurism from anastomosis, being merely all the capillaries of the part enlarged. The tumor has a blue look. It is a tumor in which to the ends of the veins cysts form, these cysts being filled with blood.

They have been best described by Mr. Paget. They are exceedingly frequent on the neck.

They are often found in children.

Such tumors on the cheek should be treated by laying open the integuments, and twisting and tearing the mass out, which is sometimes done easily, but sometimes only with great difficulty. They sometimes occur on the back and attain a very large size.

An incision was made in the integument over the tumor, and the mass removed by evulsion.

STRICTURE OF THE URETHRA, WITH VARICOSE ENLARGEMENT OF THE CORPUS PAMPINIFOME.

The patient is an adult. The varicose condition of the corpus pampiniforme has existed as long as he can remember. The only cure for this condition is by the introduction of a subcutaneous ligature. This condition is often hereditary.

The stricture in the urethra is just in advance of the bulb, 5½ inches down, as determined by the introduction of a bougie.

The stricture was divided by means of a blade concealed in a catheter. These blades are made just sharp enough to cut the resisting fibrous bands which make the stricture, but are not sufficiently keen to cut other structures which yield before it. If other parts should be cut in an operation of this kind, the urine must be drawn off from the bladder by a catheter to prevent infiltration, and there is no risk of injury. If the water cannot be thus drawn off, then the patient must not be allowed to micturate for several hours, during which time the wound becomes filled up with coagulated blood, and thus all danger of infiltration is prevented.

To cut from before backward, as the instrument is passed in toward the bladder, is more hazardous than first passing the catheter beyond the point of stricture, where it can be done, and cutting as the instrument is withdrawn.

After the operation, the largest sized catheter was readily passed into the bladder.

SCIRRHUS CANCER OF THE BREAST—REMOVAL—POST MORTEM.

This is a scirrhus disease of the breast, with an affection of the glands of the axilla in an old lady, whose constitution is beginning to suffer, making the case a very unfavorable one for an operation.

She has been warned that the disease is almost certain to return, and that her constitution is so affected, she may not even be able to stand the shock of the operation. But she suffers such continual agony, that she says she would rather run the risk of death, a return, or immunity from the disease, than have the continual stinging, lancinating pain, from which there is no relief, and she insists on having an operation performed, for which her immediate relatives are also anxious, though they have been made aware of the dangers which may result.

The danger of the operation is increased by the necessity for the removal of the axillary glands.

When the gland alone is diseased the cellular structure of the arm pit need not be opened. In this case, therefore, the incision will begin higher up than in the case lately operated upon before the class, (See Reporter Jan. 26, p. 451,) opening into the cellular space of the arm pit, and then surrounding the gland.

In taking out the glands of the axilla, they will not be dissected out, for this would cause a great deal of hemorrhage from the division of the blood vessels—some of them lie between the great axillary artery and the vein, and should be separated with the fingers, which is the only instrument with which they can be separated safely. The intercostal nerves have to be cut off.

I look upon scirrhus enlargement on the outer side of the breast, of which this case is an example, when removed in the early stage, as least likely to be followed by a return.

The incisions were made as detailed, and the breast removed by evulsion. There was no buckshot cancer.

The glands of the arm-pit were enlarged and very hard; they were removed with the fingers in like manner.

The cancer had grown fast to the muscle, and a portion of the pectoralis major had to be removed beyond the growth. It was also found necessary to remove some periosteum from one of the ribs, in the vicinity of the mass, as that structure had also become involved.

The bleeding vessels were secured by pins, allowed to remain five or six hours, which produce no irritation, and arrest the blood, and where applicable, are preferable to the ligature.

The parts were brought together by a few stitches, supported with adhesive strips. No bandage was applied.

Subsequent History of the Case.—The operation was performed on Saturday. Everything went on apparently prosperously until Sunday evening, when the patient was seized with continual vomiting, which could not be arrested, though every means was tried, and she gradually sank,

dying the next day. She had had no hemorrhage.

A post mortem examination of the body was made, and the stomach was found filled with nearly a quart of fluid, resembling black vomit.

The wound had united everywhere, except in the axilla.

No air or fluid was found in the chest, to test which a trochar was introduced.

It is an invariable practice with Prof. Pancoast never to operate upon a patient without first keeping him quiet for a few days, and giving some aperient medicine, occasionally a little blue mass, to put the liver and digestive organs into a healthy condition.

This patient was somewhat feeble and delicate, and against every persuasion that could be urged, she would not have the operation postponed until her constitution could be brought into a more favorable condition, and she would not be prepared by a course of diet.

She could not sleep at night. She was in a great state of nervous anxiety, which might have had something to do with the derangement, giving rise to the continuous sickness of stomach, etc.

The case in which the mammary gland was removed, some two weeks previously, (see Reporter January 26, p. 451,) has gone out with the greatest satisfaction to all parties.

EDITORIAL DEPARTMENT.

PERISCOPE.

THE CHRONAL LAW OF THE PULSE.

Dr. Alexander McBride, of Beria, Ohio, makes the following remarks and deductions from observations on the pulse:

In 1859, I treated more cases of bilious fever than during any previous year. The cases were mostly in and about a marshy district. In the course of the season I observed that during the principal part of the fever, the pulse was in the men patients, at 86 per minute: in the women generally higher. This was so uniformly so as to attract my attention; and further observation through the season confirmed the fact that 96 in man and 108 in woman was the standard pulse of the season. In cases where there was gastro-enteria, or gastro-enteric irritation or inflammation, or other special irritation, superadded to the ordinary fever, the pulse rose to a higher point. I further observed, during the same season, that quinine would not interrupt the fever in man, unless the pulse was at or below 72, nor in woman till at or below 84. My observations this season (1860) have confirmed, accurately, the above, having treated numerous cases of miasmatic fever.

Recently, I was struck with the remarkable fact that *those numbers which the pulse usually indicated were exact multiples of* 12, and that the stages of *increase* and *diminution* were 12; from which I conceived that there must be some exact law of gradation. I began, therefore, a series of careful observations on the pulse of individuals in all conditions, both of health and disease, which resulted in a remarkable confirmation of the conception, and from which observations I deduce the following chronal law:

1st. The number of pulsations per minute in the adult man, in a state of health and repose of body and mind, are 60; of the adult woman, 72. There are a few exceptions in which they will be found respectively 48 and 60. Both in sickness and health, the corresponding grade of woman's pulse is 12 above man's.

2d. Uneasy attitudes, and various disturbing causes, vary these numbers. The pulse of men, generally, during business hours, and also of women, is often found from 12 to 36 above these numbers; but it is seldom found to remain long on any other point than one of the multiples.

3d. The accidental variations from the multiples of 12 are more common in ordinary health than in fever.

4th. In fever the pulse will always be found, when regular, at 72, 84, 96, 108, 120, 132, 144, 156; above which last point the patient will die, if a woman, and when above 144, if a man. In some exceptional cases the patient will die with pulse not above 108 up to the time of death, or until it is lost. In other cases the pulse will arise to 144 or 156, near the time of death, and then descend with some regularity till lost a short time before death.

5th. The pulse will be found at intermediate points for a brief period during the transit from one point to another, and while the patient is under temporary excitement, either mental or physical; but under permanent or continued excitement it will settle on a regular point.

6th. The lowest grade of febrile pulse in man is 72, in woman generally 84, except in some peculiar typhoid states, when it falls actually below standard. But it is questionable whether fever really exists in such a state.

7th. The pulse of children obeys the same law of gradation by 12, though it is often difficult to keep a child quiet long enough to make an accurate observation.

8th. There are some apparent and probably some real exceptions to these laws; but in by far the most cases, when a pulse is found to vary from these numbers, it will settle to the grade above, or below, in a few minutes, except regular sub-grades, which frequently continue longer.

9th. In persons in ordinary health there will be found more variation when hungry, when greatly fatigued, and after a full meal, than at ordinary times. Excessive use of tobacco, and

other causes which weaken or derange the nervous force, cause irregularity.

10th. A pulse of 84 or 96 is not of rare occurrence in persons of ordinary health during business hours; 72 and 84 are the most common numbers during the day.

11th. In many cases, both in health and disease, the pulse will rapidly increase or diminish in frequency when first manipulated, and in some persons this irritability will continue several minutes, so that it will be found at any irregular point between the true point and the grades next above and below; but unless there is some peculiar state of health or disease, it will generally soon settle on a regular grade or subgrade. The regular differences of number between lying, sitting, and standing, are by grades and sub-grades, depending upon the nerve force of the individual.

12th. There is a regular *sub-gradation* by six found in persons of ordinary health, while standing, sitting, etc., and in covalescents: these pulses of 54, 66, 78, 90, etc., but in most cases of short duration. There is also a more transient *under sub-gradation*—sixths and thirds of 12, which give pulses of 58, 62, 64, 68, 70, etc., as high as 154; these are all more transient than the regular sub-gradation by 6.

Uneven numbers are of exceedingly rare occurrence. Pulses of the under sub-grades and uneven numbers may all properly be called *transition* pulses.

I think the reason we often have pulses reported at irregular numbers is, that they are not *carefully* counted long enough. Example: An error of counting of one in a quarter or two in the half minute, gives an error of four in the minute; hence we get 64, 68, 76, 80, etc. An error of one in the minute gives 61, 70, 73, 83, etc., which must generally be erroneous. Another fruitful cause of error is the omission to notice the irregularity of the first ten or fifteen seconds.

ON THE HÆMATIC SWELLING OF THE EARS OF THE INSANE.

The following, from the *Allg. Zeitsch. fur Psychiatrie*, we find in the *Dublin Medical Press:*

Dr. Gudden first points out that ears closely resembling those of the insane affected with blood-swelling are not unfrequently met with amongst ancient sculptures depicting pugilistic athletæ. This condition of the ear was produced by the blow given by the strong arm of the boxer, his hand being enveloped by a leather thong. He next criticizes the explanations of their occurrence in the insane usually given, as exemplified in Fischer's treatise, one of the latest on the subject. Fischer believes that such swellings are never met with, unless preceded by chronic inflammation of the cartilage and its covering, the anatomical effects of which consist chiefly in the production of cavities of various sizes in the substance of the cartilage, or between it and the perichondrium. These, the author maintains, are due to the employment of violence, and, according to the degree of this, sanguineous effusion, also, may or may not take place—any inflammation which may result being only secondary to such violence. He also disputes the statement made by Fischer and other authors that these effusions take place only under the influence of scorbutic or other dyscrasies or cachexiæ. The only influence of such conditions would be to facilitate the effusion of blood after the violence.

Among the proofs which he adduces, of violence being the cause, are the fact of marks of finger nails being frequently present, the left ear (more exposed to violence from the right hand) being usually the one affected, and the greater frequency of the occurrence in men than in women; the latter being less exposed to violence and their ears being better protected by their hair and by their dress. Paralytic patients (paralytic males being more frequent than females) are more liable to such swellings than others, not owing to the presence of a dyscrasia, but from their greater liability to ill-usage and their insensibility to its effects. As to the assertion made by Flemming that this injury is self-inflicted, the author replies that during ten years' residence in large asylums he has never met with an instance in which the injury could be traced either to the patient himself or to other patients, while he has been often able to bring it home to the attendants. The frequent accompaniment of the marks of finger-nails show that the ear has been seized and violently pulled by the fingers. Since he has laid down the rule in the asylum to which he is attached of holding the attendants liable for the occurrence of the swelling, the number of cases has remarkably diminished.

CHLORATE OF POTASH.

Dr. S. C. Shapard, of Flat Creek, Tennessee, as reported in the Nashville *Journal of Medicine and Surgery*, regards chlorate of potash, in fifteen grain doses, three times a day, as a sovereign remedy in the sore mouth of nursing women.

Dr. E. J. Fountain, of Davenport, Iowa, writes as follows to the *Medical Times* of New York:

"I now have another case of hip-joint disease rapidly recovering under my treatment by the chlorate of potash. It sounds very ridiculous to me to hear of poisoning by the chlorate of potash, when I have taken half an ounce of it at once, and prescribed it so freely, and encouraged its use to such an extent among my brother practitioners of this place, that *one hundred pounds* of it were dispensed by the druggists of Davenport during the year 1860. This amount—one hundred pounds—was consumed

by patients in Davenport and its vicinity; and I have yet to hear of the first case of poisoning from it. I am growing more fond of it every day, and all the time finding new uses for it. Its power is truly wonderful. Those who compare its powers to the *nitrate* of potash, know nothing at all about it."

We have used the chlorate of potash in doses of from five to ten grains every three hours, with much satisfaction in cases of phthisis pulmonalis, which *seemed* to be beyond the reach of successful treatment.

CALCULI IN THE BLADDERS OF THE DOG AND THE TURTLE.

Dr. S. W. Gross reports in the *North American Medico-Chirurgical Review*, a case of cystine calculus in a dog. The calculus was semi-crystaline, and covered with smooth tubercles; its weight eighty grains, and its specific gravity 1,060.

Professor Jeffries Wyman sent to the Boston Society for Medical Improvement (*Medical and Surgical Journal*, Feb. 28,) a specimen of *carbonate of lime* calculus taken from the bladder of a turtle (*Emys Floridana.*)

"The specimen was given to me by Dr. A. S. Baldwin, of Jacksonville, East Florida. It is of a nearly spherical shape, somewhat tuberculated on the surface, and about 2¾ inches in diameter. In attempting to make a section throught it with a fine saw, it broke, and was then shown to consist of an external shell, containing a crumbling mass, with traces of concentric arrangement. When first opened it was somewhat moist within, but soon became dry and friable. There were also imbedded in it masses of what appeared to be inspissated mucus. The weight of the tortoise would have been about 15 pounds."

REVIEWS AND BOOK NOTICES.

Physiology and Pathology of the Central Nervous System. By C. E. Brown-Sequard, M. D., etc. Philadelphia, 1860. Lippincott & Co. pp. 276, with plates.

Diagnosis and Treatment of the Principal Forms of Paralysis of the Lower Extremities. By C. E. Brown-Sequard, M. D. Philadelphia, 1861. Lippincott & Co., pp. 118.

In these two volumes we have, in condensed form, the results of the labors of this distinguished experimental physiologist. Probably no living author has labored more unceasingly, or with better success, at the difficult task of unfolding the *modus operandi* of the nervous system. We had the pleasure of attending his lectures, delivered in this city some eight years since, and recognize many of his statements in these volumes as among the propositions then promulgated by him. In fact the whole of his theory of the transmission of sensitive impressions in the spinal cord, is but the development of the views he then taught. The first of these volumes consists of the course of lectures delivered by him at the Royal College of Surgeons in 1858, which were published in the *Lancet* of that year. In these he treats of the theory of reflex action and its application to movements, secretion, and nutrition, discussing the views of the principal writers on the subject, and illustrating his views copiously by cases reported in various journals. His acquaintance with the literature of the subject is most extensive, and shows a careful collation of the records of medical science. The successful application of a hypothesis to the elucidation of the many apparently contradictory facts related in the history of paralytic cases, is, to our mind, the most satisfactory evidence attainable of its correctness. The plates at the end of the volume are beautifully executed—such as are seldom seen in American publications. They have evidently been drawn by Parisian artists, and and are, probably, the same as those which ornament a simultaneously appearing European edition of the work. By introducing them Messrs. Lippincott & Co. have greatly enhanced the value of the work.

The volume on Paralysis of the Lower Extremities is likewise a republication of lectures, delivered in Glasgow in 1859, and published in the *Lancet* of last year. It is a most important work for the general practitioner. In it he analyzes and classifies cases of paralysis due to reflex action, (a small, but very important class,) to myelitis, meningitis, simple congestion, white softening, hemorrhage, tumors, etc., with excellent directions as to treatment. This book may be said to contain the gist of his labors, in a practical point of view, except with regard to epilepsy, which he treats of in the former volume. Those who wish to follow the course of investigation now being pursued by experimental physiologists, will find Brown-Sequard's work on the Central Nervous System indispensable to them. It is much to be wished, however, that this gentleman had the same power of arranging his subjects, and co-ordinating his views, that he has of devising and successfully performing his experiments. One rises from the perusal of his writings with the feeling that he has acquired a number of loose facts, without any string to tie them together. In the volume on Paralysis we notice a marked improvement, however, and trust that we may yet receive from him a theory of the nervous system as much in advance of those now held, as Bell's and Marshall Hall's were upon their predecessors.

A Handbook of Hospital Practice; or, an Introduction to the Practical Study of Medicine at the Bedside. By Robert D. Lyons, Dublin. Samuel S. and Wm. Wood, New York, 1861.

This is an admirable manual of the kind, containing rules for clinical examinations of disease, the structures and excretions for post-mortem examinations, with an explanation of the different signs elicited in different organs in health and in disease. In addition, directions are given in the art of writing prescriptions. There is a glossary at the end, and several blank formulæ are attached of convenient methods for reporting cases. To those who desire a work of this kind we would most certainly recommend it.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 9, 1861.

THE IMPOSSIBILITY OF ACCLIMATIZING RACES.

In a recent review of some modern narratives of arctic life and explorations, in the *British and Foreign Medico-Chirurgical Review*, the writer presents arguments against the possibility of actually and permanently acclimatizing any race which is foreign to the soil. Taking, for illustration, regions in which the opposite intensities of solar light and heat exist, as in the tropics and the arctic regions, and their inhabitants, as the Esquimaux and the Negro, it is admitted that a transfer of either from the opposite extreme of climate would soon show their inadaptation to the change, and the vicissitudes to which they would be subjected would soon prove fatal to both. Yet each seems, by nature, to be fitted to withstand the deleterious influences which surround him in his native region. The Negro luxuriates in the parching rays of an equatorial sun, can subsist in health on a light diet of tropical fruits, and is invulnerable to the pestilential miasms of the jungle. The Esquimaux, perhaps, even enjoys life in regions where darkness reigns during a quarter of the year, without any vegetable food and with but a snow-hut for his dwelling.

It is evident that races are born with constitutions peculiarly adapted to resist the surrounding vicissitudes of light and heat, and with ability to subsist on such material for nutriment as their respective localities supply. While thus individual races, which inhabit the extremes of latitude, cannot bear transplantation, the inhabitants of the temperate zone possess, temporarily at least, an adaptability to almost all latitudes, and may, provided the persons so situated adopt the habits of life of the autochthones, continue in an ordinary condition of health. But a thorough transplantation and acclimatization of a race from north to south, or from south to north, has never taken place; for, although individuals may, as has been said, exist under certain circumstances in health, yet physiological incompatibility will, ere a generation expires, be evident, and failure in propagation of the race will soon bring about its extinction.

The circumstances which prevent any race from becoming actually cosmopolite, are evidently those connected with latitude—with the extremes of insolation. That a perfect transplanting and acclimatization in the direction of longitudinal measurement cannot be accomplished, is not so evident, but the article to which we have alluded, insists on the same impossibility of adapting nations to other localities, east or west on the globe, to that in which they have habitually resided. The Anglo-Saxon, he asserts, can only exist in health, and the race be propagated with vigor, on its hereditary soil in Europe. He asks, "Is the Celt or Saxon thriving in North America?" "Is the Red man fitted for a large portion of the Eastern hemisphere?" "Is the standard of health as high among the natives of the Union as it is among their progenitors in the British Isles?" That the standard of health is as high among the *natives* of the Union, cannot be denied. If the general longevity in the United States is not so great as in Northern Europe, the failing may be accounted for by circumstances independent of the difference in longitude, and the average of human life is much lessened by immigration from our ancestral soil, flooding the country with a cachectic population. But the reviewer thinks that immi-

gration, by continually replenishing the vigor by engrafting from the old stock, is the only means of saving the American people from dying out in a generation or two. He says:—"We believe it would fail and gradually die out, and that the time would come, however distant, when the Saxon would no longer be found in Australia, in Kentucky, in Tennessee."

Whether the Red man is "fitted for a large portion of the Eastern hemisphere," cannot be from practical observation answered, but that the White man "waxes strong amid the forests of the Far West," is well known to every one who has seen the hardy "backwoodsmen" who form the van-guard in the westward march of civilization. The best physically developed class of men we have ever seen, were not only natives of the very States which are instanced as fatal to the Saxon, but were descendants from an ancestry of pioneers whose axes broke a way for the sunlight to reach, for the first time, the soil of those forest states.

In perfection of physical development, America has produced instances which are presented to the world as unequalled. Some which have lately appeared, far exceed any precedent. The strongest men known in modern times, are Dr. Windship, of Boston, and Mr. Thompson, of Chicago—the former about twenty-eight years of age, and weighing less than one hundred and fifty pounds. We have seen him pile up ten kegs of nails, weighing eleven hundred pounds, tie a rope around them to keep them together, and then, seizing the rope with his hands alone, swing them in the air. Each of these gentlemen has lifted, with the aid of straps on his shoulders, about a ton, and a number of other persons have accomplished feats that approximate these efforts which throw into the shade those European Samsons, Thomas Topham and the Belgian Giant. In a late pugilistic contest, an American, whose wonderful physical powers were developed even on the very western verge of this continent, showed himself, on English soil, superior to the previous fistic champion of the world.

While admitting that differences in latitudes, with their climatic accompaniments, render great changes of residence, from north to south, or from south to north, intolerable, yet there is no evidence that a migration, east or west, on the same parallel, will at all impair health or longevity, or produce a procreative degeneration of a race.

Such removal, with its attendant changes of habit and diet, certainly does produce some physiological changes; but these do not necessarily involve a sacrifice of health or longevity. It has been remarked that Americans whose ancestry was the primitive settlers of the country, and have descended unmixed with foreign stock, have acquired a resemblance to the real autochthones of the continent—the American Indian. Of such descent are numerous families in the New England and Western States, and the tall, bony, athletic figure, high-cheek bones, and long, straight hair, so frequently seen in those regions, seem rather in favor of the observation. Indeed, the typical "Yankee" is always depicted in this outline.

We may assert, from observation, that such physiological and physiognomical change is not accompanied with a deterioration in health or abbreviation of longevity. We do not think that the model "John Bull," with his dumpy figure, round, plump face, capacious abdomen, and short limbs, is, notwithstanding his advantage of residence in the locality which, according to the reviewer, nature intended for our race, any nearer than the preceding portrait to the Apollonian pattern.

THE NECESSITY FOR A PERMANENT SECRETARY OF THE AMERICAN MEDICAL ASSOCIATION.

A serious defect in the organization of the American Medical Association is that by which the office of Secretary continues only through two of its meetings. This body should have *one* permanent officer with a fair salary, whose duty it shall be to familiarize himself with the plan and working of the Association, to become acquainted, as far as possible, with the profession of the country, and have some general idea, at least, of the status of its members, and of those who propose to become such.

An attempt was made at Washington City, in

1858, to establish the office of permanent Secretary, but it failed, in consequence of the very general and, in the main, very proper dislike that exists to meddle with constitutions.

We can see no objections, however, to amending the constitution of the Association, so as to allow of the appointment of a permanent Secretary, with a salary. On the contrary, the force of argument is altogether in favor of such a course. The duties of the Secretaryship are too onerous and too important to be performed without adequate remuneration. It should be demanded of him that he have an intelligent oversight of the general interests of medicine, and of medical men throughout the country, especially as connected with the Association. The profession of the country should feel free to communicate with him on matters connected with medical organization, medical ethics, or any subject proper to be explained by the chief scribe—Secretary of State, so to speak—of the national organization.

As a part of his duties, he should aid the Committee of Publication in the performance of their work, should, in particular, look to the prompt appearance and to the typographical correctness of the publications of the Association. With such an officer, if competent to perform his duties, such errors as a correspondent called attention to in our last week's number, and which cannot be avoided while the present plan is in vogue, would not occur.

We trust that this important matter will be brought to the notice of the Association at its next meeting, and an amendment to the constitution proposed, to be acted on at the succeeding meeting.

——o——

Paying for His Practice.—An Arab was cured of a frightful malady by the English physician who was traveling in the East with Lamartine. After the completion of the cure, the Arab went to the English doctor, *not to pay his bill, but to ask for a considerable pecuniary gift.* On the physician peremptorily declining to adopt this course, the Arab remarked that he had hoped to find him more ready to manifest this gratitude to God for conferring on him knowledge enough to cure such mortal diseases as he, the Arab, had lately been struggling against.

Correspondence.

MASSACHUSETTS CORRESPONDENCE.

Boston, March 4, 1861.

SANITARY ASSOCIATION—ADULTERATION OF MILK.

Messrs. Editors:—I propose giving you a little miscellaneous news this week. The Sanitary Association held a meeting at the State House last week, when Dr. A. A. Hayes made a report on the adulteration of milk. He said $1,300,000 was annually paid for milk in this city, of which sum $150,000 is paid for that which is not milk, more than one-quarter being some foreign substance. The first and most important falsification is with water, added either salted or fresh to the milk; also, with water colored, and sweetened with molasses, from which sickness and debility inevitably ensue to the persons using it. The second falsification is with bi-carbonate of soda, intended to prevent souring, and to make milk slightly changed, passable to the taste.

The largest part of the watered milk comes from Charlestown, where there is a regular manufactory.

The want of cleanliness in the vessels used is a cause of much sickness. He thought there was less bad milk sold here now than there was four years ago, the efforts to prevent its sale having produced some effect.

Dr. Hayes described the "hydrometer" used to detect water in milk, and considered it a good test. He next spoke of the adulteration of cheese and butter. The former was often injured by being placed on newly-painted shelves, when partially prepared. The poorer qualities of butter are largely charged with salt, and sometimes cheesy matter constitutes one-fourth of it. Lard is often mixed with it. He commended the preparation of consolidated milk.

Prof. Horsford, of Cambridge, said, if milk is cooled to a temperature of melted ice, and put in cans filled so as to prevent "cheesing," it can be carried from remote parts of the country without injury.

Dr. Hayes considered this plan impracticable.

Mr. Leander Wetherell expressed his doubt of the infallibility of the "lactometer," and Hon. Josiah Quincy, Jr., gave an interesting account of his experience as a milkman. His cows gave six hundred quarts a day, and the quantity could be increased, but it would be at the expense of the quality. Proper and sufficient food were necessary to make good milk.

WHAT BECOMES OF ALL THE OPIUM?

One of the curious facts revealed by the publication of custom-house tables is, that there was imported into this country last year 300,000

pounds of opium. Of this amount it is estimated, from reliable data, that not more than one-tenth is used for medical purposes. The habit of eating opium is known to be spreading rapidly among lawyers, physicians, clergymen, and literary men, and enormous quantities are used in the manufacture of those poisonous liquids which are dealt out in drinks in the saloons and groceries that infest every city and village in the country.

CITY MORTALITY.

The city registrar reports 74 deaths the past week—41 males and 33 females. Twenty-nine were children under 5 years. As usual, at this time of the year, consumption leads all other causes of death, there being 11 cases.

There were 4 deaths *each* from congestion of the brain, convulsions, scarlatina, and pneumonia: 3 from brain disease, and 2 from accidents, gastritis, typhoid fever, whooping cough, old age, paralysis, and diphtheria.

VITAL STATISTICS OF NEWTON—SHOE LEATHER.

From the annual report of the town clerk of Newton, it appears that during the year 1860, 245 births occurred in that town, of which 122 were males and 123 females, an increase of 35 on last year. The whole number of deaths 94, or 32 more than in 1859; 14 died of consumption and 12 of scarlet fever. The town clerk bears his testimony to the efficacy of thick-soled boots as a preventative of consumption, for he says:

"The number of deaths by consumption has usually been about one-fourth of the whole; the past year but 14; a favorable change in the leading disease of New England. The favorable result of the change from thin to thick soles on the boots and shoes of our females is already visible. Should the recent fashion of thin soles again be attempted, it is hoped the ladies of Newton will stand firm on their *thick* soles."

IMMIGRANT STATISTICS.

In looking over several reports for the year 1859, I came across the annual report of the superintendent of alien passengers for the port of Boston, and found in it a great deal which I thought might be of interest to your readers, and show them the class of persons who fill our charitable institutions. It seems the whole number of passengers arriving at this port for that year, was 14,623, in 807 vessels from foreign countries, as follows, viz:

In 33	American vessels, from	England,	4,635
70	" "	Brit. Prov.	2,801
6	" "	Fayal,	267
3	" "	Gottenb'g,	42
35	" "	other pl'cs,	142
27	English vessels, from	Liverpool,	2,251
581	" "	Brit. Prov's,	4,348
52	" "	other places,	137
807	vessels. Total number passeng's,		14,623

Of these the number of Americans, and others of whom no bond could be required, was - - - - - - 7,520
Number commuted, at $2 each, - - 7,013
Extra commuted, - - - - - - 33
For whom bonds were taken, - - - 50
Who died on the voyage, - - - 7

14,623

The emigration to Boston was one-third larger than the year before, and a still larger emigration would have taken place, but for the war upon the continent of Europe. The year was one of unusual health among emigrants; no cases of ship fever, yellow fever, or small-pox appeared, although the small-pox was unusually prevalent with us on land.

The whole number of persons who, through their own desire or the desire of their relatives or friends, were returned to Europe, and other places out of the United States, other than Canada and the British Provinces, was 181. The total amount paid for their passage was $4,712 95, the net cost to the State being $26 38 for each person so sent. In addition to the above number, 1,103 persons were sent to various places in the United States, the Canadas, and British Provinces, where they had a home or friends; the whole cost of their transportation was $2,228 70, or $2 02 each.

The character of the emigration was very good during this year, and a very small portion of those who landed were obliged to seek aid from the State. The number aided by the State were as follows, viz:

13 at Rainsford Island Hospital, 108 weeks 4 days, or averaging 9 weeks 1 day, at $2 50 each per week; at an expense of $22 86 for each, or a total expense of $297 18.

17 at Tewksbury Almshouse, 88 weeks, or averaging 5 weeks 5 days, at $1 25 each per week; at an expense of $7 15 each, or a total expense of $121 55.

3 at Bridgewater Almshouse, 40 weeks 3 days, or averaging 13 weeks 4 days each, at $1 25 each per week; at an expense of $16 97 each, or a total expense of $50 91.

3 at Monson Almshouse, 7 weeks, or averaging 2 weeks and 3 days, at $1 25 each per week; at an expense of $3 04 each, or a total expense of $9 12.

36 in all, at a total expense of $478 76.

The present system of charitable pauper institutions was instituted in the year 1854.

The whole number of alien passengers landed at the port of Boston, from 1854 to 1859, is 91,433. Of this number but 3,396 had been in our almshouse during that period:

1,554 at Tewksbury Almshouse, 23,457 weeks, or averaging 15 weeks each, at $1 25 per week; at an expense of $18 75 for each, or a total expense of $26,138.

1,145 at Bridgewater Almshouse, 15,168

weeks, or 13 weeks each, at $1 25 per week, is $16 25 each, or a total expense of $18,606.

697 at Monson Almshouse, 9,138 weeks, or 13 weeks each, at $1 25 per week, is $16 25 each, or total expense of $11,301.

Expense of the 3,396 to the State, $56,045.

Whole amount of money received by superintendent of alien passengers, from 1854 to 1859, is $137,033 91. Whole expense of collecting the same, $34,000. Amount refunded to persons leaving the State, $16,278.

Cost of supporting the 3,396 paupers who landed in Boston, as above stated, $56,045.

Net proceeds of office remaining in treasury, $30,710 91.

A BEQUEST IN SUPPORT OF FEMALE MEDICAL EDUCATION.

The late Hon. John Wade, of Woburn, left over $20,000, in value, to the Female Medical College, of this city. There was some trouble about the will, which has been terminated, and the provisions of the will secured to the College. The trustees recently held a meeting to take some suitable notice of the bequest, and passed the following resolution:

Whereas, The late Hon. John Wade, of Woburn, gave proof of his interest in the prosperity of this institution, and the object it is designed to promote, by the bequest of over twenty thousand dollars in value, "for the support and medical education of worthy and moral indigent females," together with a fund of over five thousand dollars in value, for the purpose of endowing a professorship, when the amount shall have accumulated to ten thousand dollars: and *whereas*, The Board of Trustees are desirous of expressing their appreciation of this generous benefaction; therefore,

Resolved, That the fund left to the College, by the Hon. John Wade, for the aid of students in obtaining their medical education, be called "The Wade Scholarship Fund," and the professorship, for the endowment of which he provided, be called "The Wade Professorship."

The Scholarship Fund consists of six brick houses, in this city, yielding an annual rentage of about $2,500. The amount that has accumulated since the decease of the testator, in July, 1858, is about $5,000, which will be paid over to the College within a few weeks.

DIPHTHERIA.

Diphtheria seems to be, according to accounts, an old visitor in New England. It visited this country as long ago as 1737, and raged with great violence.

Parson Smith alludes to it in his Journal. Under date of October 31st, 1737, he says a fast was held on account of this throat distemper. It was an epidemic, and, commencing at Kingston, New Hampshire, spread through New Hampshire and Massachusetts, and was two years in reaching the Hudson river. In New Hampshire, not less than one thousand persons fell victims to this malignant disease; and in Boston four thousand had the disease, and one hundred and fourteen died. In May, 1737, Parson Smith mentions that seventy-five had died of it in this town. Under date of October 13th, 1737, he says: "The distemper is still bad at Scarborough. No one has lived that has had it of late."

It was the most fatal scourge that ever visited New England, and rapidly hurried its subjects to the grave; the throat swelled, became covered with ash-colored spots; great debility and prostration ensued, with putrefaction.

SANITARY REFORM IN MASSACHUSETTS.

I extract the following from the "Observations" of Dr. Curtis, which accompany the last Registration Report.

The contrast in the rates of mortality in city and country, in Massachusetts, is most striking and universal. How much of this excess in cities is unnecessary, because preventable, it is not possible, with our present knowledge, to decide. But, that great improvements can and ought to be made, there is not the shadow of a doubt. It is not so much the unusual prevalence of any epidemic, which is temporary, as the usual number of excessive deaths to which we have become accustomed, that in the aggregate destroys the lives of such numbers of our fellow-beings. No well-informed person can contemplate the lack of sanitary measures on the part of municipal authorities and individuals, so clearly manifest in all our cities, without the most convincing evidence that *a great work is yet to be done*, for which nature offers a premium, the salvation of thousands of human lives and relief from an untold amount of sickness, besides the incalculable pecuniary as well as moral benefits which would necessarily flow therefrom. Who, with competency and courage, will take the lead? and who will lend a helping hand?

In Massachusetts, the city whose records show the greatest increase in the death rate is Springfield. With an average annual rate of 17 in 1,000 living during the five years, 1853–'57, it increased to nearly 22 in 1,000 in 1858, and 25½ in each 1,000 living in 1859. What causes have contributed to such a melancholy result is well worthy of serious investigation, and should arrest the attention of government of that city. M.

FOREIGN CORRESPONDENCE.

MEDICAL MATTERS IN SPAIN.

Cadiz, February 3d, 1861.

Messrs. Editors:—While in Seville I visited both the hospitals in that city, and I shall endeavor to give you some idea of them. The large and important one combines in itself two branches, the civil and the military. It is un-

der the control of the government, but is, nevertheless, as I was informed, very badly managed. The building in which it is situated was given for that purpose by a widow. It is a very large, stone building, four to six hundred feet long, and probably of nearly the same width. It is two stories high, and contains four large court-yards filled with orange and lemon trees, which, being green at this season of the year, produce a very beautiful effect.

The civil department can contain 557 patients, and the military department about the same number. At present, however, the number of patients is not great, and a large majority of the beds in the wards into which I went, were vacant. I asked if the hospital was ever full, and was told that it was during the African war; but usually Seville, with its population of 100,000 to 130,000, cannot go very far toward filling it. There are six physicians, each with his own particular wards. The wards are named after various saints, usually, but I noticed one named after the Holy Ghost—Sala del Espiritu Sanctu.

As a matter of course, there is a chapel connected with the hospital. It is as large as a church of average size in Philadelphia, and is very massively built. There are several pictures in it, which they value very much, among them two or three small ones by Murillo, whose paintings are very abundant in this part of Spain.

For those patients who are too sick to leave their beds for the purpose of attending mass, there are altars erected in the wards. I noticed two, both of them in places where four wards met, so that a large number of the patients could, without being moved, witness the ceremonies.

These altars are usually kept covered with a black cloth, so that they appear more like a canopy over a coffin than anything else.

The other hospital in Seville might, with more propriety, be called an infirmary, as it is intended only for the old, or for those afflicted with incurable diseases. I visited it not on account of its interest in a medical point of view, but only to see three or four of the most celebrated pictures of Murillo, which are to be found there, in the chapel, in the very places for which they were originally painted. There is a very pretty fountain in the centre of the court-yard, around which this hospital is built, and this, I have no doubt, is of great use in the summer to aid in keeping them cool. I saw, in passing through the court-yart, two or three of the old men sunning themselves. The name of this hospital is La Curidad.

Since I have been in Cadiz I have visited the Medical School here, which is a branch of the University of Seville, having been removed here from Seville, where it at one time was. It, however, although a department of a University, has no power of conferring the degree of Doctor, that being confined to the University of Madrid, which has the monopoly of giving that degree, not only in medicine but in all branches of education. The other schools can confer only the licentiateship. This arrangement is very recent, having gone into effect in 1856. Very few, however, go to Madrid to get the degree, as they can practice medicine just as well without it, although to be appointed professor it is necessary to be M. D.

The medical school here has 160 or 170 students, of which, however, no more than 50 are ever in attendance on any one professor, except in case of an operation.

I saw three lecture rooms, the largest of which would perhaps hold 200, but the others less than 100.

The length of the course for licentiate is five years. To become Doctor another year at Madrid is necessary.

At the side of the medical school, and between it and the hospital, is the botanical garden, which, however, is very small, in comparison with the others which I have seen. But, however small, I have no doubt it is of great use. In the hospital I saw nothing specially worthy of notice, except the dissecting room, which was the largest I ever have seen, with very high ceilings. The tables were of marble, and everything was scrupulously clean. I saw one subject only in the room. I was informed that dissecting is carried on all the year round; they do not allow even the intense heats of their summer to interrupt them. The character of the wards of the hospital was the same as that of most of the Spanish hospitals which I have visited, large and clean, but with rough walls, floor of uneven stone or of tiles, and the rafters showing in the ceilings. There are two stories, the lower is used for soldiers, and the upper for civil purposes. This upper story can contain 180 men, and 40 or 50 women.

Very truly yours,

M. D., Abroad.

—o—

Arsenical Poisoning.—At a meeting of the French Academy, on the 6th inst., an essay by M. Fasoli, on the Employment of the Sulpheret and Sesquioxide of Iron as Antidotes in cases of Poisoning by Arsenious Acid, was read. Nineteen dogs, it appeared by this paper, were experimented on and dosed with arsenic: to five out of the number, no counter-poison was administered—they were left to their fate, and all died; out of the fourteen others, to whom considerable doses of hydrated sesquioxide and sulphuret of iron were given, only two died—a result which powerfully upholds the already good reputation enjoyed by these two salts as arsenical counter-agents.

NEWS AND MISCELLANY.

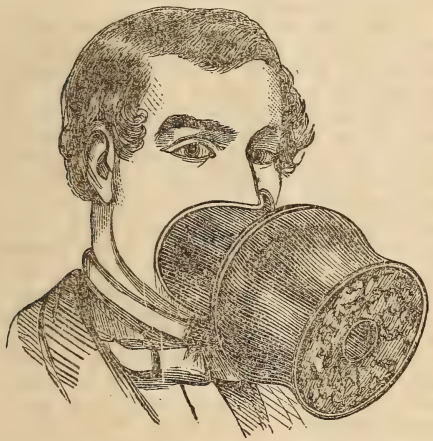
Luther's Inhaler.—The ordinary method of administering anæsthetics from a saturated sponge or napkin, is admitted to be safe, but is attended with some disadvantages and inconvenience. Among these may be mentioned:

1. The waste of the anæsthetic, a comparatively small portion being actually inhaled by the patient, the greatest amount evaporating in the air of the room.

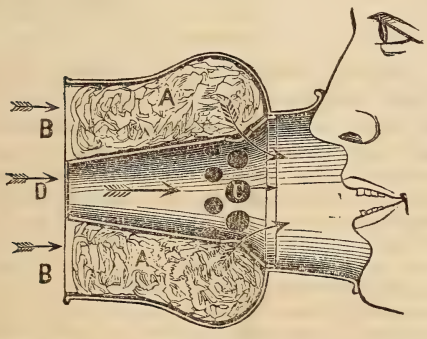
2. The operator and assistants are often much inconvenienced by this excess of vapor.

3. The anæsthetic is liable to come in contact with the patient's face, either from touching with the sponge, or, if it is profusely used, by dripping, and some sensitive skins are thus irritated, or, as we have seen, even vesicated.

The contrivance of a safe, convenient, and cheap means of overcoming these disadvantages, is important, and the instrument illustrated by the accompanying cuts is the most



efficient, and, at the same time, the simplest that we have seen. It has the advantage of continuing the use of the sponge, which, from its po-



rous and absorbing qualities, cannot well be substituted, but, at the same time, prevents any wasteful escape of the vapor. A free admission of atmosphere is insured, and the exhaled breath of the patient, owing to the peculiar form of the instrument, cannot be again respired.

Without claiming for any form of inhaler much more than simple economy and convenience, we incline favorably toward this instrument, after having used it in a few instances. In these cases, an exceedingly small quantity of the anæsthetic was required, and, perhaps generally, by its use three-fourths of the usual amount might be saved.

The cost of the instrument, which is neatly made, and silver plated, is but three dollars and a half. All desiring to see or purchase the article, are referred to the advertising columns.

A Coroner's Jury, who, we suppose, were of the motley character of which that tribunal is generally composed, have censured in their verdict Dr. Watson, of Chester, for having prescribed a liniment containing opium to be applied to the side of the mother while her infant was suckling. It certainly is a novel medico-legal theory, and worthy of the scientific character of the intelligent jury, that a child could be poisoned by opium introduced into the system in such a manner, or that any agent could find its way by such means into the digestive system of the infant.—*Dub. Med. Press.*

White Gunpowder.—The London correspondent of the Leeds *Mercury* says:—"I have heard in the city of a curious invention, which concerns alike sportsmen, riflemen, and the scientific. It is the manufacture of "white" gunpowder. It is composed of yellow prussiate of potassa, chloride of potassium, loaf sugar, crystalized sugar, and brimstone. It possesses superior qualities over the black powder, being quicker and more powerful in its action, and not fouling the gun; for the delicate in the olfactory nerves it may be added that it is without unpleasant smell. It has just been patented."

Fecundity.—At Dowlais there is a woman still living, only 45 years of age, who is the mother of 33 children. She married at 14, and became a mother at 15. She is the wife of a working man in humble circumstances, and she has given birth twice to three children, three times to four, and six times to twins!—*Essex Herald and News and Library.*

The Medical and Surgical News says that the class of the Cincinnati College of Medicine and Surgery, for the session just closed, numbered one hundred and twenty-seven. There were thirty-six graduates.

The Annual Commencement of Jefferson Medical College takes place at Musical Fund Hall to-day. The charge to the graduates will be delivered by Prof. Mitchell.

Physiological Opinions of the Sixteenth Century.—The clearest, but most succinct account which I have met with of the physiological opinions of the sixteenth century, is in the wonderful melange of learning, dirt, and humor, "The History of Garagantua and Pantagruel," book iii., chap. 3. Rabelais, who was both a practising physician and a medical author, having translated and published some of the works both of Hippocrates and Galen, here condescends to place before the general public, and truly in the vernacular of his country, a concise account of the opinions which his brethren held it almost a matter of professional honor to conceal from the vulgar gaze, under the cloak of a dead language. So far as I am able to judge, however, this clear-sighted exposition is, in many respects, far in advance of the medical doctrines of the period, as might indeed have been expected from the almost miraculous insight of its author, whose disguise of buffoonery scarcely concealed a most unsafe originality of thought, and saved him from the dire penalties which would otherwise inevitably have attended it.

"The intention of the founder of this microcosm is, to have a soul therein to be entertained, which is lodged there as a guest with its host, that it may live there for a while. Life consisteth in blood; blood is the seat of the soul; wherefore, the chiefest work of the microcosm is to be making blood continually. At this forge are exercised all the members of the body; none is exempted from labor, each operates apart, and doth its proper office. And such is their hierarchy, that perpetually the one borrows from the other, the one lends the other, and the one is the other's debtor. The stuff and matter convenient, which nature giveth to be turned into blood, is bread and wine. All kinds of nourishing victuals is understood to be comprehended in these two, and from hence in the Gothish tongue is called companage. To find out this meat and drink, to prepare and boil it the hands are put to work, the feet to walk and bear up the whole bulk of the corporal mass; the eyes guide and conduct all; the appetite in the orifice of the stomach, by means of a little sourish, black humor, called melancholy, which is transmitted thereto from the milt, giveth warning to shut in the food. The tongue doth make the first essay, and tastes it; the teeth do chaw it, and the stomach doth receive, digest, and chilify it. The mesaraic veins suck out of it what is good and fit, leaving behind the excrements, which are, through special conduits for that purpose, voided by an expulsive faculty. Thereafter it is carried to the liver, where it being changed again, it by the virtue of that new transmutation becomes blood. What joy, conjecture you, will then be found amongst those officers, when they see this rivulet of gold, which is their sole restorative? No greater is the joy of alchymists, when, after long travail, toil, and expense, they see in their furnaces the transmutation. Then it is that every member doth prepare itself, and strive anew to purify and to refine this treasure. The kidneys, through the emulgent veins, draw that aquosity from thence which you call urine, and there send it away, through the ureters to be slipped downwards; where, in a lower receptacle, and proper for it, to wit, the bladder, it is kept, and stayeth there until an opportunity to void it out in his due time. The spleen draweth from the blood its terrestrial part, viz: the grounds, lees, or thick substance settled in the bottom thereof, which you term melancholy. The bottle of the gall subtracts from thence all the superfluous choler, whence it is brought to another shop or work-house, to be yet better purified and fined, that is, the heart, which by its agitation of diastolic and systolic motions so neatly subtilizeth and inflames it, that in the right side ventricle it is brought to perfection, and through the veins is sent to all the members. Each parcel of the body draws it then unto itself, and, after its own fashion, is cherished and alimented by it, feet, hands, thighs, arms, eyes, ears, back, breasts, yea, all; and then it is that who before were lenders, now become debtors. The heart doth in its left side ventricle so thinify the blood, that it thereby obtains the name of spiritual; which being sent through the arteries to all the members of the body, serveth to warm and winnow the other blood which runneth through the veins. The lights never cease, with its lappets and bellows, to cool and refresh it; in acknowledgement of which good, the heart, through the arterial vein, imparts unto it the choicest of its blood. At last it is made so fine and subtle within the rete mirabile, that, thereafter, those animal spirits are framed and composed of it; by means whereof the imagination, discourse, judgment, resolution, deliberation, ratiocination, and memory have their rise, actings, and operations."

This certainly is a nearer approach to Harvey's discovery than any I have elsewhere met with in the physiology of the period, and might, by a liberal interpretation, be taken to imply that what Shakspeare calls the "nimble spirits in the arteries," and "the vital commoners and inland petty spirits," was really blood which had been spiritualized or aerated in the lungs.

The origin of the old opinions appears to have been the following passage in Hippocrates' "Book on Aliments:" "The root of the veins is the liver, and the root of the arteries is the heart: and from them blood and spirits are carried to all parts, and heat passes with the same."—*Bucknill on the Medical Knowledge of Shakspeare.*

A Roman or Hot-Air Bath has been established in London.

Dr. Horatio R. Storer has opened in Boston an establishment for the treatment of the Diseases of Women.

Science at the Bottom of the Sea.—Dr. C. Wallich, who accompanied the recent expedition to survey the projected North Atlantic telegraph route between Great Britain and America, has brought back some important notes of new facts in natural history which he has ascertained. His main object was to determine the depth to which animal life extends in the sea, together with the limits and conditions essential to its maintenance. He has proved that, at a depth of two miles below the surface, animal life exists. Here, where the pressure is calculated to amount to at least one ton and a half per square inch, and where it can hardly be conceived that the most attenuated rays of struggling light can penetrate, Dr. Wallich has not only discovered the minute infusorial *Foraminifera*, whose calcareous envelopes protect them from pressure, and whose organization is of the simplest; but he has obtained from a sounding, twelve hundred fathoms deep, a number of star-fishes (genus *Ophiocoma*) adhering to the lowest fifty fathoms of the deep-sea line, which must have rested on the bottom for a few minutes, so as to allow those star-fishes to attach themselves to the rope; so that it is now established that, in these regions of watery desert and everlasting darkness, there exists "a highly organized species of radiate animal, living, entwining, and flourishing, with its red and light pink tints, as clear and brilliant as its congeners which dwell in shallow and comparatively sunshiny waters." Others, doubtless, exist; for this is but a first inquiry so conducted, and in time we may come to hear of a new submarine fauna peopling these dark abodes, and preparing this subaqueous floor just as the land on which we now walk, once submerged, is believed to have been prepared.

The New Sydenham Society.—This society seems to be in a flourishing condition. At its second annual meeting, held in Torquay, on the 2d of August, it was stated, 1st, that the society now numbers 2,850 members, and is still steadily increasing; 2d, that the second edition of the first year's volumes had been almost exhausted, and that it had reimbursed the expenses attending the reprinting; 3d, that the council had finally decided on the issue of an Atlas of Illustrations of Skin Diseases, to be selected chiefly from those published by Hebra, of Vienna; 4th, the issue of the first fasciculus of these portraits will take place for the current year, and will probably be ready in December; 5th, the council hopes to be able to issue for each year's subscription the Annual Year-book and a Fasciculus of the Portraits, and, in addition to these, two translated volumes; 6th, among the works at present in course of preparation are the second volume of "Frerichs on Diseases of the Liver," "Vogel and Neubauer's Handbook on the Examination, etc., of the Urine," "Casper's Medical Jurisprudence," and a reprint of Smellie's Midwifery," with preface and annotations by Professor Simpson, of Edinburgh.—*Medical Times and Gaz.*

Dr. Richard J. Dunglison is an honorary secretary resident in this city, to whom communications relating to membership of the society and its publications may be addressed.

A Climbing Fish.—At the last meeting of the Boston Society of Natural History, held Jan. 2d., Dr. Bryant presented, in the name of Mr. Henry Morse, two specimens of the siluroid genusi *Callicthys*, a fish from Surinam, which is said to climb trees. Professor Agassiz and Dr. Pickering mentioned the genera *periophthalmus*, *anabas*, and *gobiesox*, which have the property of existing a considerable time out of water, and might ascend the trunks of trees inclining into the water. Dr. Pickering observed that he had found *gobiesox* in Peru forty feet above the water on shore, and had seen *periophthalmus* hopping about over the mud in the manner of frogs.

Army and Navy Intelligence.—A Board of Naval Surgeons convened at the Naval Asylum in this city, on the 1st inst., for the examination of Assistant-Surgeons for promotion, and candidates for admission into the Medical Corps of the Navy.

The following Surgeons compose the Board: James M. Greene, M. D., President; J. M. Foltz, M. D., and C. H. Wheelwright, M. D., members; Passed Assistant-Surgeon Jno. F. Taylor, M. D., Recorder.

Assistant-Surgeon Stewart Kennedy and William Johnson, Jr., have been ordered, and Assistant-Surgeons A. M. Vedder, P. S. Wales, and A. C. Gorgas have received permission, to appear for examination for promotion.

The three last named have not been in the Navy the required time to entitle them to an examination, but as the exigencies of the service may require them at sea, when the next Board meets, they have been permitted to appear before this Board. Should they pass, they will not receive their rank as Passed Assistant-Surgeons, or additional pay, until the expiration of five years from the date of their entry into the service.

Assistant Surgeon C. Brewer has been assigned, temporarily, to duty in the city of St. Louis, and ordered to report to Surgeon S. G. J. DeCamp, for instructions.

Dr. D. Warren Brickell retires from the New Orleans *Medical News and Hospital Gazette*, and Dr. Anthony A. Peniston takes his place. If Dr. Peniston shall be so fortunate as to *fill* his place, the profession will be measurably, at least, reconciled to the loss of Dr. Brickell. Dr. Peniston's abilities as a writer are well known.

The Chicago Medical Examiner copies Professor Chapman's excellent paper on Ergot from our pages, but forgets to give us credit.

Snake Bites.—Dr. Young, of Mississippi, having asked, through the *New Orleans Medical and Surgical Journal*, whether professional experience bears out the popular notion that tobacco and alcohol are antidotes for the poison of serpents, and if so, what is their probable *modus operandi*—Dr. A. V. Warr, of Rossville, Tenn., responds as follows:

"Case 1st. In 1856 my father had a negro woman bitten on the leg, just over the course of the ant. tibial artery, by a copper-headed snake. (This occurred before I read medicine.) The pain and swelling were considerable, and as it was eight miles to the nearest doctor, he gave her whisky freely and poulticed the leg with cockle burs. After becoming intoxicated she got well, and on the next day went to work as usual. In order to show that this snake is poisonous, I will say, that I had a dog bitten by one of the same kind this spring, and it died.

"Case 2d. On the 24th of August, 1860, while taking up fodder, a negro of my father's was bitten on the foot, near the little toe, by a cotton-mouth snake. Pain intense; swelling considerable. I saw him in an hour after he was bitten, and at once gave him a gill of whisky, and applied a tobacco cataplasm to the bite. This occurred at 8 P. M.; 8½ o'clock, no better; pain extending up the leg; gave another gill of whisky. 9 o'clock, worse; pain getting higher; corded the leg above the pain; removed the tobacco and applied a poultice of cockle burs; gave one-half gill of whisky. 9½, slight symptoms of intoxication; pain not quite so severe, and no extension. 10, no symptoms of intoxication; pain returning; gave a gill of whisky and removed the bur poultice. 11, much better; 'fully drunk,' and but little pain. I should have stated that between 10 and 11 he vomited freely. Considering the boy safe, I retired. Some time after I retired my father covered the foot and leg with swamp mud, which I should have said he did in the first case.

"August 21st, 8 o'clock A. M. No pain, no swelling, and no unpleasant effects from so much whisky. On the 26th he went to work.

"Prof. Smith, of the University of Pennsylvania, recommended the free use of whisky in 1857–8. Dr. H. Green, an eminent doctor of Arkansas, also recommends it highly, with aqua ammonia externally.

"I believe that to the whisky, alone, the two cases above owe their cure. I have no experience with tobacco internally, nor any theory as to the *modus operandi* of whisky."

"*Eclecticism*" seems to be on the wane in Cincinnati. According to the *Lancet and Observer*, the "Eclectic Medical Institute," of that city, which, a few years ago, claimed a class of between two and three hundred, had only sixty-five matriculants during the last winter session.

Medical Commencements.—At the annual commencement of the Medical Department of Pennsylvania College, held in this city on Saturday last, the President, Rev. Dr. Baugher, conferred the degree of Doctor of Medicine on thirty-eight graduates. The *ad enudem* degree was conferred on eight, and the honorary degree on one practitioner of medicine.

The valedictory was pronounced by Prof. B. Howard Rand, M. D.

The twenty-fourth annual commencement of the Medical College, attached to the New York University, was held on Monday evening, March 4th. The Chancellor (Ferris) read a list of one hundred and twenty-nine graduates, on whom the degree of Doctor of Medicine had been conferred.

In addition to the above list the Chancellor stated that there were six members of the graduating class who had successfully passed the examinations, from whom diplomas had been withheld on account of their age, neither being yet 21. The Chancellor then awarded the diplomas to the graduates in the usual manner. The Mott medals, two in number, were awarded to Eugene S. Olcott, of New York, and Montefirre J. Moses, of Georgia, for excelling in anatomical productions. The first medal is of gold, and valued at $65; the second is of bronze. The Metcalf prixes for the best records of the clinical lectures, were awarded to William R. Reypen and Alexander R. Gebbie. The Van Buren prizes, consisting of two cases of instruments, were awarded to John D. Murphy and William R. Reypen.

The valedictory was pronounced by Professor Alfred C. Post.

We clip the following from an exchange:

A Good Site.—Corsica is in many respects a desirable place to live, and a physician of some experience would meet a welcome reception. It is desired he should be a member of the Presbyterian Church, as the congregation in this neighborhood numbers over three hundred members. A good office and dwelling-house can be had on reasonable terms, either for rent or sale. It is hoped some man of experience may accept of the call. Any one wishing further information will address W. J. Kelly, or M. Rodgers, Corsica, Jefferson county, Pa.

The late Dr. Francis.—At a meeting of the Board of Governors of the Woman's Hospital of the State of New York, held on the 28th ult., resolutions of respect for the memory of the late Dr. John W. Francis, who was one of its members, were passed. It was ordered that, to perpetuate his name and good deeds, a tablet to his memory, appropriately inscribed, be placed in one of the wards of the Woman's Hospital, when completed, and that said ward shall bear his name.

Medical Service in the Navy and Army.—The following information will be of interest to those desiring position in these departments of the public service.

Applications for the post of Surgeon or Assistant Surgeon in the Army or Navy must be made directly to the Secretaries of War or the Navy respectively.

"1153. A board of not less than three medical officers will be appointed from time to time by the Secretary of War, to examine applicants for appointment of assistant surgeons, and assistant surgeons for promotion. And no one shall be so appointed or promoted until so examined and found qualified.

"1154. The board will scrutinize rigidly the moral habits, professional acquirements, and physical qualifications of the candidates, and report favorably, either for appointment or promotion, in no case admitting of a reasonable doubt.

"1155. The Secretary of War will designate the applicants to be examined for appointment of assistant surgeon. They must be between 21 and 28 years of age. The board will report their respective merits in the several branches of the examination, and their relative merit from the whole; agreeably whereto, if vacancies happen within two years thereafter, they will receive appointments and take rank in the medical corps.

"1156. When an assistant surgeon has served five years, he is subject to be examined for promotion. If he decline the examination, or be found not qualified by moral habits or professional acquirements, he ceases to be a medical officer of the army.

"1157. An applicant for appointment failing at one examination, may be allowed a second after two years, but never a third."

The rules which govern the appointment and promotion of medical officers in the navy are in the same spirit; the chief difference is that the navy rule judiciously restricts appointments to persons between 21 and 25 years, and permits candidates to compete for appointment as frequently as they please, provided they do not exceed the limits of age prescribed. In both services examination for promotion takes place after five years' service, and if the candidate fails to prove himself qualified, he loses his commission and returns to private life. This contingency must prove an efficient stimulant to assistant surgeons who desire to secure their own advancement; for it seems to be addressed to two tender points of human character, known to phrenological readers under the names, "acquisitiveness" and "approbativeness," and to others, by the terms "cupidity and vanity." As candidates cannot "cram" for these examinations in a very short time, those of much foresight, begin to prepare to become surgeons from the hour they are appointed assistants, and are rewarded, but those who rely solely upon a special preparation during three or four months just prior to the trial, furnish the unfortunates of the occasion.

The remuneration for medical services in the army is stated in the following table:

	Pay per month.	No rations daily.	Forage for horses.		No. serv'ts.	Highest annual pay in peace.
			In war	In peace.		
Ass't Surg. less than 5 years' service.	$53 33⅓	4	2	1	1	$1,444 50
do of 5 years service.	70 00	4	3	1	1	1,644 50
do of 10 years service,	70 00	8	3	1	1	2,300 50
Surgeon, less than 10 years' service.	80 00	4	4	3	2	2,549 00
do of 10 years, service in that grade.	80 00	8	4	3	2	2,655 00

Officers' subsistence is commuted at 30 cents per ration; forage at $8 per month for *each horse actually owned and kept in service.*

Officers are entitled to the pay of a private soldier ($11 per month) and $2 50 per month, clothing and one ration per day, for each private servant *actually employed.*

Every commissioned officer below the rank of Brigadier-General is entitled to one additional ration per day for every five years' service: this is termed the "longevity ration," and is worth $107 50 annually.

Rather Shaky!—Ex-Mayor Tiemann, of New York, is one of the "eminent supporters" of homœopathy in that city, and, of course, he is "used" for the purpose of giving eclat to the proceedings on special occasions. In the following extract from his address before the graduates of the Homœopathic College in that city, recently, he gives evidence of equivocal friendship to the "system." The faith of a goodly proportion of the supporters of homœopathy is about as *facile* as that of Mr. Tiemann:

"You go forth as healers of the people, and remember, gentlemen, your office is to cure the sick. You need not stick alone to homœopathy; if that will not cure, try allopathy. If allopathy fails try hydropathy, and if you are not then successful, adopt spiritualism, or any other curative means that may be at hand!"

Dr. J. H. Butler, who has for some years been resident physician at the Baltimore Infirmary, has been appointed Demonstrator of Anatomy in the University of Maryland.

Wills Hospital.—At a meeting of the Roard of Managers, held on Monday last, Dr. George C. Harlan was elected one of the Attending Surgeons.

Stimulants.—The following, taken from the Louisville *Journal*, of which the inimitable Prentice is editor, expresses some important truths in beautiful language:—"There are times when the pulse lies low in the bosom and beats low in the veins; when the spirit sleeps the sleep, apparently, that knows no waking in its house of clay, and the window shutters are closed, and the door hung with the invisible crape of melancholy; when we wish the golden sunshine pitchy darkness, and are very willing to fancy 'clouds where no clouds be.' This is a state of sickness when physic may be thrown to the dogs, for we will have none of it. What shall raise the sleeping Lazarus? What shall make the heart beat music again, and the pulses dance to it through all the myriad thronged halls in our house of life? What shall make the sun kiss the Eastern hills again for us, with all its own waking gladness, and the night overflow with 'moonlight, music, love, and flowers?' Love itself is the great stimulant—the most intoxicating of all—and performs all these miracles; but it is a miracle itself, and it is not at the drug store, whatever they say. The counterfeit is in the market, but the winged god is not a money changer, we assure you. Men have tried many things—but still they ask for stimulants. The stimulants we use, but require the use of more. Men try to drown the floating dead of their own souls in the wine cup, but the corpse will rise. We see their faces in the bubbles. The intoxication of drink sets the world whirling again, and the pulses playing wildest music, and the thoughts galloping—but the fast clock runs down sooner; and the unnatural stimulation only leaves the house it fills with wildest revelry, more silent, more sad, more deserted, more dead. There is only one stimulant that never fails, and never intoxicates—Duty. Duty puts a blue sky over every man—up in his heart it may be—into which the skylark, Happiness, always goes singing."

Cotton as an Under-Dress.—Dr. W. D. Johnson writes as follows to the New Orleans *Medical and Surgical Journal*:—"You frequently ask for practical suggestions and facts from your contributors. In accordance with that request, I proceed to give you some facts in relation to the beneficial effects of wearing cotton next the skin in winter, as being most conducive to health, comfort, and economy.

"In the fall of 1847, Major Simeon Oliver, our present Senator from this county, informed me he had several years before discarded woolen undershirts and drawers, and had worn the common Osnaburg for that purpose. The Major being a very sensible man, and having tested the two kinds of goods, I resolved to try the thing myself. After wearing the Osnaburg for two or three winters, I was fully satisfied that it was altogether superior to any silk or woolen underclothes I had ever worn. I began to suggest the thing to my friends, who, one after another, adopted the plan, until now very many of my patrons wear no wool next the skin, having not only abandoned the woolen shirts and drawers, but the socks also. As a consequence of this, I think colds, coughs, and pneumonia are less frequent and malignant than heretofore.

"The Osnaburg is rough at first, but we soon become accustomed to it, and become rather fond of it than otherwise. I will not attempt to give any theoretic views in regard to the *modus operandi* of the action of the Osnaburg on the skin, or the reason why it imparts more warmth than the wool; but will ask all who are desirous to enjoy health and comfort at a cheap rate, to try it, more particularly those who have to resort to flesh-brushes and frictions to preserve health."

Railway Accidents.—Upon the railways of the United States, during the year 1860, the number of persons killed has been 57; wounded, 315. By steamboat—killed, 597; wounded, 134; besides the Lake disasters, by which 560 were killed (lost.) The following table shows the comparative losses by boat and by railway for several years past:

	Railway.		Steamboat.	
Year.	Killed.	Wounded.	Killed.	Wounded.
1853 - -	234	496	319	158
1854 - -	186	589	587	225
1855 - -	116	539	176	107
1856 - -	195	629	538	127
1857 - -	130	530	322	86
1858 - -	119	417	300	107
1859 - -	129	411	342	146
1860 - -	57	315	597	134
Total,	1,166	3,926	3,001	1,090

Total killed and wounded by railway, 5,092; and by steamboat, 4,091. The *wounded* by railway are large, because the result of most railway accidents is wounding, not killing. The steamboat lists do not include the losses on the great Lakes, or at sea, but only on the inland river routes. The balance of safety is thus seen to be very much in favor of railways; but the true mode of comparison is by means of the ratio of persons injured to the number carried; when the immense number carried by railway is taken into account, the safety preponderates vastly in favor of that mode of transport.

Aneurism of the Abdominal Aorta, causing Absorption of the Vertebræ and Bursting into the Spinal Canal.—A few days ago, Prof. Pepper showed to his class the specimen of a large aneurism of the abdominal aorta, which had caused entire destruction by pressure of the bodies of cart dorsal vertebra, exposing the medulla spinalis, and had finally burnt into the canal. Death from hemorrhage was, of course, immediate.

Intra-Uterine Fractures.—Mr. B. E. Brodhurst read a paper on this subject before the Royal Medical and Chirurgical Society, (March 27, 1860.) He commenced by referring to some points of distinction which have been observed in fractures in utero. He stated that fractures might be simple or compound—disunited or reunited at birth; or that solution of continuity might be owing to imperfect ossification and congenital rickets. Having alluded to these several varieties, he proceeded to remark especially on reunited fractures in utero; and he quoted cases from Ploucquet, Kopp, Devergie, Carus Schubert, Sachse, and Moffatt, relating, also, to cases which had occurred in his own practice. The causes of intra-uterine fracture were lastly considered; and it was stated that neither contra-coup nor compression by the walls of the uterus could act so as to produce fracture. so long as the membranes—the chorion and amnion—remained entire; but there was no reason to believe that intra-uterine fractures occurred as effects of physical injuries—that the origin of these fractures and of congenital distortions were similar, and that they were occasioned by abnormal muscular action. Two cases of congenital double club-hand and double club-foot were adduced as examples of the mode in which abnormal muscular action and distortion are induced in the fœtus; and moreover, the author stated his belief that, in these cases, whether of fracture or distortion, the effect varies as the cause varies, and that temperament or other like condition may probably also modify the effect.—*Medical Times and Gazette.*

DIED.

Baly.—Dr. Baly, Chief Physician to the Queen of England, has been killed by a railway accident.

Harris.—In this city, on Sabbath morning, March 3d, Dr. William Harris, æt. 68 years.

Lewis.—In Eatontown, Monmouth county, N. J., Feb. —— Dr. J. P. Lewis, in the 74th year of his age.

Harris.—In this city, on Monday, March 4th, Dr. Thos. Harris, U. S. Navy, in the 78th year of his age.

Respect to the Late Dr. Harris, U. S. N.—The following resolutions were adopted by the Naval Medical Board, now in session at the Naval Asylum:

Whereas, The Naval Medical Board have heard with much regret of the death of Dr. Thomas Harris, the senior surgeon in the Navy of the United States; therefore, be it

Resolved, That in the death of Dr. Thomas Harris the Medical Corps of the Navy has lost one of its most talented and distinguished members; that as a surgeon, an officer, and a gentleman, he commanded the respect and admiration of all who knew him, and that we deeply lament his loss.

Resolved, That we attend his funeral as a body, that these resolutions be placed on our record, and that a copy of them be presented to his family with our condolence.

Signed, James M. Greene, Pres't.
J. Y. Taylor, Recorder.

Answers to Correspondents.

Dr. L., South Carolina.—We do not apprehend any difficulty in transmitting the Reporter regularly. We send weekly to subscribers in all parts of the South, and shall hold ourselves responsible to all who pay their subscriptions for the worth of their money.

Send postage stamps, or gold, firmly secured between two cards.

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COMMUNICATIONS RECEIVED.

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MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 230. | PHILADELPHIA, MARCH 16, 1861. | NEW SERIES, VOL. V. NO. 24.

ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Pneumonia. Delivered at the Pennsylvania Hospital, February 8. Illustrated with Cases.

By Francis G. Smith, M. D.,
Attending Physician.

The patient before you is a sailor, who contracted his disease about two weeks ago in consequence of exposure to extreme cold. The vessel in which he was working was caught in the ice, and the crew were obliged to work day and night in order to liberate themselves.

Shortly after the exposure, he was attacked with chill and shiverings, (which, by-the-way, is an important point to remember, as indicating the date of commencement of the disease,) which were afterward followed by fever, with intense pain in the side, cough, difficulty of respiration, exceeding febrile reaction and expectoration of a rusty looking matter; in short, with all the symptoms of an acute pneumonia.

He had passed through the first stage (*engorgement* of the disease when he was admitted into the house, and presented well-marked symptoms of the second stage, or that of *hepatization*. You remember that, in acute pneumonia, there are three well-marked stages: first, that of congestion or engorgement; second that of red hepatization, as it is called, because the organ then presents the general appearance of the liver; and third, the stage of yellow or gray hepatization. Pneumonia consists in an inflammation of the minute air-vesicles and ultimate bronchial tubes, and of the parenchymatous cellular tissue, and is attended with the exudation, or pouring out into the air vesicles or minute bronchial tubes, of some of the plastic matter of the blood, which undergoes solidification, and causes the lung to lose its ordinary spongy appearance, and assume that of the liver; hence, this stage of pneumonia is known as the stage of hepatization.

The physical signs, which present themselves in the first stage, are regarded as pathognomonic of it, and consist in the presentation of a peculiar râle, known by the name of the *crepitant râle*, produced, I believe, by the separation of the walls of the minute air-vesicles of the lungs in the act of inspiration, after they have been rendered adherent in the act of expiration by means of the tenacious material which covers them.

As the disease progresses, this exudation increases, the air-vesicles fill up, and the lung thus becomes solid, and air, in consequence, no longer passes into these air-vesicles, consequently the crepitant râle disappears. The now solid lung is a better conductor of sound than it is in a state of health, or during the first stage of the disease; and the sound produced by the passage of the air through the bronchial tubes is more readily transmitted through the solid structure to the ear than it was in the first instance, when it was lost or diffused in these air-vesicles; hence there is now heard a sound which, though it existed before, was masked either by the vesicular murmur of health or by the crepitant râle of the first stage of the pneumonia, and which is known by the name of *bronchial respiration.*

In addition to this sign, percussion reveals a state of things which did not exist before. As long as the air is capable of entering into the vesicular structure of the lung, even when in an unhealthy condition, the lung is more or less resonant on percussion; but when the lung is filled up with exudation and rendered solid, on percussing the walls of the chest, instead of the

clear tympanitic resonant sound, there is a dull, flat sound heard.

In addition to these physical signs, a modified condition of the voice-sounds will be heard. In a healthy lung, when a patient speaks, you hear the sound of the voice diffused over the lung, and you are unable to distinguish the words which are uttered. The sound which is conveyed to the ear when a patient with a healthy lung speaks, is like that produced by a crowd at a distance, all speaking at the same time; you hear the voices but are unable to distinguish the words which are spoken. This is known as pectoral resonance. But when the lung becomes solidified, as in the second stage of pneumonia or in phthisis, the sounds are more distinctly transmitted to the ear, and you recognise what the patient says.

Another physical sign in the second stage can be detected by palpation. You perceive a certain amount of vibration of the walls of the chest, the *vocal fremitus*, in the healthy state. When the lung undergoes solidification, this vibration becomes exaggerated, and often by this sign the dullness, on percussion, which exists in pneumonia, may be distinguished from that which occurs when fluid is poured out into the pleural sac. If a thin stratum of fluid be interposed between the walls of the chest and the lung, the vibration of the voice will be lost and not be conducted to the walls of the thorax; but, if the lung be solidified, the vibrations will be transmitted through the lung to the walls of the chest, and thus will be distinguished by the hand applied to the chest.

When this patient came under treatment, he had gone through the first stage, had passed through the stage of crepitation, and had gotten into that in which there is dullness on percussion, increased resonance of voice, increased vibration communicated to the hand placed on the walls of the chest, and where there is also bronchial respiration distinctly heard.

In addition to these, there was another sign present, to which attention should be given.

It has been shown by Simon, and also by Redtenbacher, Beale, and Bennett, that in cases of acute pneumonia, there is an absence of the chlorides from the urine. Chloride of sodium and chloride of ammonium are found in normal urine, under all circumstances, in health; but when pneumonia occurs, from some reason not yet explained, the chlorides disappear while the disease is in the progressive stage; but as soon as the pneumonia begins to decline in the slightest degree, these chlorides return to the urine, thus affording a peculiar and valuable diagnostic sign of the progression of the case.

In the patient before us, who is now undergoing a process of resolution, there is a notable appearance of the chlorides in the urine.

The method of detecting the presence of chlorides in the urine is very simple. We have here the urine of this patient; it has a yellow, amber hue; I add to a small quantity of it one or two drops of nitric acid; a deposit forms, which, on the application of heat, is again dissolved: therefore, we know that it is not albumen, but is probably due to the presence of uric acid precipitated by the action of the nitric acid; if there be any chlorides present in this urine, they will be instantly decomposed, and the *chloride of silver*, in the form of a white precipitate, be thrown down, by adding to the fluid nitrate of silver in solution, as you see.

So long as the disease is in its onward course, from the first to the second stage, and from the second to the third, so long these chlorides will remain absent from the urine. They will be found, however, in the sputa: and there seems to be some attraction between the diseased lung and the chloride of sodium in the blood, so that as it is withdrawn from the urine it is communicated to the sputa; and as soon as there is a return of air into the solid lung, even before you can hear the returning crepitant râle, there will be a return of the chlorides to the urine. This is an important clinical fact worthy to be remembered.

Treatment of Pneumonia.—Not many years ago it would have been considered almost homicidal to allow a man to go through a pneumonia without drawing blood, either generally or locally; but, yet, if we are to believe the statistics presented by undoubted authorities, and also the evidences of our senses, they recover as well, if not better, without the abstraction of blood, and by adopting a full, sustaining treatment, with a process of elimination.

Dr. Bennett has shown, by observations drawn from large hospitals in Germany, in France, and in England, from cases which came under his own immediate observation, (in his Clinical Lectures, p. 295,) that during the practice of bleeding patients in pneumonia, the mortality was as much as one in three; when there was a moderate amount of bleeding pursued in connection with the mercurial and antimonial treat-

ment, the mortality fell to one in six and a half, or one in seven. Under his own observation the amount of mortality has been reduced to *one in twenty-six*, and this result has been brought about by the almost entire abrogation of the depleting practice, and substituting a sustaining practice, and of the use of therapeutical means calculated to assist in the elimination from the system of the morbid exudation.

Although the patient before us is of a hardy constitution, and sick under circumstances which would have borne bleeding well, he has not lost a drop of blood. He had a flushed face, a hot skin, and although not a very strong pulse, yet there was a sufficient amount of febrile action to encourage the abstraction of blood by those who favor the depletory plan of treatment. The nearest approach to it that we adopted was the application of a few dry cups over the region of the affected side as derivatives. He was given internally half a fluid ounce of the liquor ammoniæ acetatis; and had also administered to him every two hours a wineglassful of milk punch, alternating with a wineglassful of beef essence, under which treatment he has certainly greatly improved.

He has less cough, less pain, less difficulty of respiration; his pulse, too, is less frequent, having gone down from 104 to 82 beats in the minute.

When the cough was very urgent, he took $\frac{1}{24}$ grain of the acetate of morphia, in addition to the other medicine. Should there be no idiosyncrasy to interfere with its ordinary effect, this will usually be sufficient to quiet the cough.

Second Case.—This is also a sailor, who has been exposed much in the same way. He is also in the second stage of the disease, but in him there is a return of the physical sign of crepitation, indicating an approach to health.

This man was even more sick than the first, when he was received into the house; he was very feeble and exhausted, although he had the circumscribed flush on his cheeks characteristic of pneumonia; he was much more prostrated and feeble, and had been sick a longer time than the other patient. He has gone through much the same stages, and is commencing to convalesce.

In him, as in the other, there is a return of the chlorides to the urine. There is, also, another sign about this man, which is usually regarded as a favorable one. It consists in the existence of an herpetic eruption about the mouth. For some inexplicable reason this is, usually, regarded as a favorable sign. Whenever a patient, suffering under an acute disease, has a group of the herpetic eruption about the mouth, it usually indicates that he will, probably, get well, and the result generally proves the truth of the indication, unless some accident or complication occur to retard the progress toward health.

When he came into the house his respiration was exceedingly labored, death seemed almost impending, he presented the peculiar jerking up of the larynx, so significant of extreme danger.

Though this jerking upward of the larynx in patients very ill, is in itself, a very unfavorable omen, yet, when it was remembered that the patient had been brought from a considerable distance, by railroad and steamboat, and was suffering under extreme prostration, and, therefore, much more fatigued on that account, there was not so much importance attached to this sign as would have been under other circumstances.

He was immediately placed under the same plan of treatment as the other patient. He had dry cups put over the whole affected side, for in him the disease extended from the top of the lung to the bottom, and afterward a warm cataplasm of corn mush, with a teaspoonful of mustard mixed with it was applied, which has been kept on constantly since. It keeps up a steady, uniform, rubefacient effect.

If you are so situated that you cannot obtain this application, you may apply turpentine, wrung out of flannel, over the chest two or three times a day; this will also produce a genial, rubefying effect.

He has been taking of the spiritus mindereri f℥ss. every two hours, which has promoted secretion from the skin and from the kidneys, and has, also, assisted in promoting the resolution of the difficulty which existed in the lungs.

I am desirous of impressing upon you the observation, that, although pneumonia is an inflammatory disease, it requires, in most cases, sustentation, death taking place more frequently, I believe, from exhaustion than from apnea. It is interesting to observe how rapidly the physical signs will sometimes disappear in pneumonia, and the returning crepitant râle replace the previously exciting bronchial respiration, and the exudation disappear without expectoration. Probably a second effusion takes

place of a more liquid material than that which first existed, by which a solution of the solid, plastic matter, is brought about; this is dissolved and rapidly absorbed, and carried off by the kidneys.

Lectures on the Iris and Choroid and their Diseases.

By Laurence Turnbull, M. D.,

Ophthalmic Surgeon to the Howard Hospital.

THE IRIS.

To obtain a complete knowledge of the iris and choroid, so as to treat them successfully, it is absolutely necessary to enter upon a careful description of their anatomy, histology, and physiology.

The *iris* (a rainbow) is so named from its beautiful appearance and varied hue. Its color on its anterior surface can be examined and studied upon every living being, and it is it which lights up the face of wit, reason, genius, thought, by the accession of blood communicating to the whole eyeball, the expression, which has such wonderful power over us, more easy to perceive than to describe. By the careful study of the iris, much knowledge is also gained to the physician and surgeon of the symptoms of many diseases. It is suspended like a circular curtain, dividing the eye into two chambers, but these are of unequal size. In the anterior, or smallest, we have the cornea; in the posterior, the crystaline lens, etc. Yet, this division is not complete, for there is a circular aperture, called the *pupil*, (sight of the eye,) connecting these two apartments. This pupil varies in size in different individuals, and under different circumstances, especially of light and shade. For our purposes it may be regarded as a prolongation of the vascular tissue of the choroid, of which we shall treat of soon. It is attached by its outer margin closely to the point of union of the outer coat of the eye, or sclerotic, and to the cornea, by means of the ciliary muscular fibre; it is also strengthened by fibre from the elastic layer of the cornea. But its main-stay is the ciliary ligament, by its attachment to its circumference. In this situation and between the ciliary ligament, the cornea and the sclerotic, is inclosed a circular canal, named the *canal of Fontana*, so that in the healthy condition of the iris it requires a severe blow to detach the iris.

The posterior surface of the *iris* is covered with a thick, black pigment, except in the *albino*, which is a Spanish word, applied to individuals of the human race, who have the skin and hair white and the iris pale. When this pigment is washed off the surface of the iris is colorless, and its surface is marked by lines extending between the pupillary and the ciliary margins. This plicated arrangement gives a layer surface for the deposit of the pigment.

The *iris*, also, contains radiating and circular non-striated muscular fibres. They are most distinctly seen close around the pupil, and are least distinct midway between this and the ciliary margin. The iris is very vascular, obtaining its supply from the ophthalmic artery by the long ciliary and anterior ciliary arteries, being situated between the sclerotic and choroid coats in the cellular tissue. These arteries form a branched ring around the iris, and, as you will find, play an important part in its diseases—the *veins* of the iris following almost the same arrangement of the arteries—the only difference that the veins communicate with the canal of Fontana, before described, which is sometimes called the circular sinus of the iris. The ciliary nerves, about twenty in number, subdivide at the ciliary ligament, a few being lost in it, but the greater number passing on to the iris.

THE CHOROID.

If we now continue our examination of the iris, we can trace it backward, forming the outwork of a membrane, called the choroid, (likeness to chorion,) also, termed tunica vasculosa, is shown by removing the sclerotic coat, it is overlaying the retina, and can be seen through the delicate tissue of the latter. Its proper name would be the pigment coating of the eye, as other tunics of the eye are vascular; externally, it is of a deep, chocolate color. Near the optic nerves the sclerotic coat adheres very firmly, but its connection in the centre of the eye is very slight, its only attachment being delicate cellular tissue, so that effusion is apt to take place between it and the tissue of the retina. If we now remove the retina, which must be done with great care, the inside will be found perfectly black, and at a line corresponding to the commencement of the ciliary body, assuming a remarkably beautiful appearance, being thrown into a series of triangular folds, the ciliary processes. These commence at a waved line, the "ora serrata," at first

merely as streaks, but gradually become marked into distinct plications.

These ciliary bodies are extremely vascular; their points overlap the crystaline lens, and project into the aqueous chamber of the eye behind the iris, with which they are connected.

Fig. 1. A.

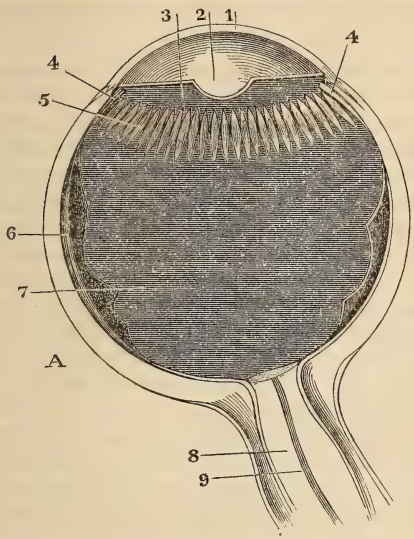

Fig. 1, A, is a beautiful illustration of 1. The Cornea; 2. The Anterior Aqueous Chamber; 3. The Iris; 4. Ciliary Muscle; 5. Ciliary Processes; 6. Sclerotic Coat; 7. Choroid in Section; 8. Optic Nerve; 9. Central Artery, passing in with the Optic Nerve.

Fig. 2. B.

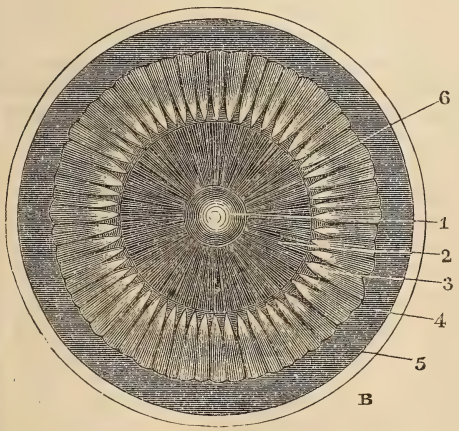

Fig. 2, B, gives an internal view of the Choroid Coat—4. Pupil; 1 and 2. Posterior Lamina of Iris, usually called the Uvea, showing its converging folds; 3. Is the Ciliary Processes; 6. Ora Serrata; and 5. The Sclerotic, or supporting tunic of he eyeball.

Over this pigment we have the arterial layer, which is formed of the ramifications of minute arteries, and is supposed to secrete upon its surface the pigment; the reflection of this layer forms the ciliary process, while the external layer over these arteries are the veins which return the blood; they are arranged in a peculiar manner, and on this account, have been named *venæ vorticosæ*.

The preceding drawings will facilitate the description.

I will enter upon the special Histology and Physiology at my next lecture.

COMMUNICATIONS.

Observations on the Medical Use of the "Vinum Sambuci."

By Laurence Turnbull, M.D.
Of Philadelphia.

The plant which yields the elderberry is familiar to almost every one, growing, as it does, in low, moist grounds, along fences, and on the borders of most of our streams in all parts of the United States. It flowers in May and June, and its berries are found ripe in September. They are of a globular form, and when perfectly ripe are of a beautiful, deep purple color. The botanical name of the plant is the "Sambucus," Sexual System, Pentandria Trigynia; Natural Order, Caprifoliaceæ.

The berries in whisky are a favorite domestic remedy in chronic rheumatism. It was in this form that they attracted my attention, as a whole family which I attended had found it a most useful agent in preventing attacks. I, therefore, propose a tincture, which, if properly prepared, might be a useful addition to our list of remedies. The following is the formula:

Tinctura Sambuci Fructus. — Take of elderberries two ounces; diluted alcohol, two pints.

Macerate for fourteen days, express, and filter through the paper.

The dose is from one to three fluid drachms in chronic rheumatism.

The berries have a sweetish, acidulous taste, depending upon a small portion of saccharine matter and malic acid which they contain. The expressed juice is susceptible of fermentation by the addition of a portion of sugar, and if properly prepared yields a very pleasant, agreeable wine, containing 8.79 per centage of alcohol.

Medical Properties and Uses.—It is diaphoretic and diuretic, and is, therefore, a useful remedy in rheumatic, gouty, eruptive, and syphilitic affections. It is also a valuable stimulant in sinking of the vital powers, but is contra-indicated in uric acid diathesis, as it is slightly acidulous. It is useful, however, in the phosphatic diathesis, its acidity tending to prevent the deposition of the earthy phosphates.

In a recent troublesome case of "acne," showing itself upon the skin of the face, the patient being feeble, I treated it by bi-carbonate of potash, freely diluted, applied to the part, and a portion taken internally, with use of powdered rhubarb and blue mass. The eruption, at times, would appear much improved, but as soon as the system would become debilitated from loss of sleep, etc., having an infant which was teething, several new spots would show themselves. I, therefore, tried several of the ordinary stimulants and tonics, but she was unable to take porter, ale, brown stout, brandy or whisky, sherry, Madeira, or port wines, nor could she bear quinine or bark long. I was at a loss for a stimulant until a student of mine,* a graduate of the Philadelphia College of Pharmacy, informed me of his having some of the elder-berry wine, which he had prepared for several years. I tried it, and it has been found very useful. My patient used two bottles, taking a wineglassful at dinner, or lunch, and occasionally omitting it at dinner, taking it in the evening. Her eruption is almost gone. She is able to perspire; the skin is, therefore, softer, and her general health is much improved, with greater freedom from neuralgic attacks in her eyes, which she was very subject to. I would, therefore, recommend a trial of it to my professional brethren in those cases in which the ordinary stimulants cannot be taken.

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LONGEVITY OF CELEBRATED PHYSICIANS.

	Age.		Age.
Boerhaave,	70	Harvee,	81
Haller,	70	Mead,	81
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* Wm. F. Buchanan, Eighteenth and Lombard streets.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

(*January 26th.*)

CASE OF ALBUMINURIA.

This is a disease in which the prominent diagnostic sign is the evidence of albumen in the urine.

In common practice, the best mode of detecting its presence, is to hold some of the suspected urine in a spoon over the flame of a lamp, and if albumen is present, it will show itself by a deposit of whitish flakes. This is the best and safer test, by heat; but there is also a test by nitric acid, upon the addition of a few drops of which, to urine containing albumen, a similar precipitate will be formed.

Albuminuria is a disorder which has only attracted notice within the last twenty or thirty years. It was generally supposed to be connected with other diseases.

There is no doubt, that in most cases where the urine contains much albumen, that the patient will complain of other disorder than that of the kidneys, in which cases the peculiar condition of the urine may remain only for several hours, but when the albumen continues to exist in the urine for a good while, there is always produced a certain degree of pallor of the skin, and a disordered condition of the whole body. Afterward, and sometimes before the skin is excessively pallid, dropsy appears, of that kind known as anasarca, which condition, however, is by no means confined to cases of albuminuria; existing also in diseases of the heart, and other organs, as a symptom.

The dropsy from disease of the heart is different; in albuminuria there is more of a general deposition of water in the cellular tissue of the whole body; whereas in disease of the heart it takes place at first in the upper extremities, and there is not the same general infiltration of the cellular tissue of the body with liquid, and a large quantity of effusion will be found local, unless it tends to accumulate at the lower portion of the body.

There is, in this disease, loss of strength, and diminution of appetite, and want of power to move about, etc.

It is often connected with other causes of dropsy.

Dropsy connected with disease of the liver, assumes the form of ascites rather than general anasarca, though in the latter cases the liver is apt to be somewhat altered; and hence some lesions of the liver will often accompany anasarca.

In disease of the kidneys we often find a

connection with other disorders; thus the heart is sometimes primarily involved, and sometimes secondarily affected; and so with the liver.

In disease of the heart, where the patient is so far advanced as to become dropsical, it is very common to observe that he also has disease of the kidneys, in the alteration of the cortical substance which produces albuminuria, and also that he has disease of the liver; but the reverse of this is not true, for there may be disorder of the kidneys, without producing disease of the heart.

A large and swollen face is not always to be relied on as diagnosis of dropsy, except in heart dropsy.

The woman before the class has a good color; whenever the skin presents this ruddy appearance of the cheeks, it shows that the blood circulates through the body with facility, and contains a good proportion of red particles.

The hands do not usually show slight effusions, though it is seen in the legs, from their being the most dependant portion of the body.

The hands of this patient are slightly swollen, the limbs are more swollen, and show obvious pitting upon pressure.

She has no pain, but she has had a cough for six or seven weeks, and a good deal of dyspnœa. There is an abundant mucous and sonorant ronchus running up and down the whole of the sides of the chest, but there is much more mucous ronchus at the lowest part, therefore there is bronchitis in addition to the other disease.

There is also alteration of the heart coincident with the albuminuria.

There is a bellows murmur, coincident with both systole and dilatation, at the mitral valve, showing a dilation of that valve; above the semilunar valves there is a little roughening of sound, but not to any very great degree. There is also a greater extent of impulse than there should be, though the force of the impulse is diminished, giving, as it were, an increased and diminished impulse at the same moment.

There is a slightly increased dullness of sound, just enough to account for a little effusion of serum into the pericardium.

The recognition of old inflammations of the heart is very difficult, but there very often exist evidences of them. The patient has had the dropsy only for two weeks.

I give the patient a bath, the object being to stimulate the skin to action, and a warm bath is good for this purpose, unless the patient has to be exposed to a good deal of cold.

The best laxative to give in this case is some saline purge; sometimes a simple infusion of juniper berries and cream of tartar, which acts as a laxative and also as a diuretic. Sometimes I give a purge, composed of sulphate of magnesia, or of Rochelle salt.

There is advantage often in giving mercurials, so as to produce a slight alterative effect; and this is one of these cases; the patient is robust, has not lost flesh nor the power of making a good amount of blood. To do good, the mercury must be given in minute doses, as $\frac{1}{16}$ grain of calomel three times a day, with good diet at the same time. Larger doses of calomel will make too much alteration.

The patient has been taking, three times a day, a combination of 1 gr. digitalis, 2 grs. squill, and $\frac{1}{16}$ gr. calomel, which treatment will be continued.

ANEURISM OF THE AORTA.

This young man looks as if he were in feeble health. He has had an affection of the chest for a year, with uneasiness and oppression, and for the last three months has had a cough, previously to which he had simply pain in the chest.

He has palpitation of the heart, which is the principal symptom of his disease in the chest, but he does not know how long these palpitations have existed.

Examining the formation of his chest, it is found to be narrow and small, and a little more contracted on the right side than upon the left, but there is not a very great difference. This condition may depend on an old adhesion, or some other cause.

Respiration is a little rough, and on palpation there is a strong impulse which rises up against the finger; this impulse can be distinguished to a slight degree behind the sternum, and behind the right clavicle there is a strong movement, and a certain thrill communicated to the finger. On the left side the impulse is very slight.

The arteries are strongly developed throughout the course of the neck, and they have a strong impulsion. With this condition of things there is a double mitral sound, most distinct during the act of diastole; during the act of systole there is a slight regurgitating sound; at the semilunar valves of the aorta the sound is single and confined almost entirely to the act of systole.

The whole size of the heart is increased. There is a slight but perceptible protuberance in the chest at the locality of the heart itself.

This case, then, is a disease of the large artery, belonging to the class called aneurism. It is a false aneurism; there is a dilatation of the walls of the aorta, but there is no protuberance resulting from perforation of the outer membrane.

There is also dilatation of the mitral valves, and thickening of the semilunar valves. Besides this, there is a certain degree of obstruction at the upper portion of the lung which, however, is but slight.

The patient has not the appearance of a perfectly regularly constituted man, though he may have been so, he has too boyish an appearance.

He can be put under such circumstances as

will prevent any increase of the development of his disease, and can have removed from him many of the accidents to which it often gives occasion.

Warmth will be applied to his chest by means of flannel. If he were young, an attempt would be made to dilate his chest by forced respirations, taken while the arms are extended, so as to expand the lungs to their utmost capacity. In cases of the kind it is matter of great importance in young subjects to cause their chests to be dilated by directing them to throw their arms well forward, and as they throw their arms back, to take a full inspiration. This produces a full dilatation of the chest, but it should not be persevered in more than once or twice at a time, and should not be carried to too great a degree, lest it may produce a tendency to hemorrhage.

Even in cases of disease of the heart, and more so in cases of disease of the lungs, if a patient be advanced in life, it is impossible to dilate the chest; nor can it be dilated when the contractions are dependent on adhesions from previous attacks of pleurisy; but often when adhesions do exist, we find sometimes a strong and decided dilatation of the chest will cause it to enlarge on the contracted side.

It will be impossible to quiet the heart merely by the internal administration of medicine.

The patient must be careful in his diet and take nothing disturbing; nothing like coffee or tea in any quantity, nor must he use tobacco.

He may be given something to produce an effect on his heart, but not a great deal, for there exists an organic alteration beyond the reach of medicine.

Sometimes, in young subjects, these organic alterations can be reached; a moderate amount of palpitation, produced by a slight degree of hypertrophy, may be cured; but if the change be great and dependent upon a disease of the valves, or, if it succeeds to a case of acute rheumatism, it cannot be cured.

By altering the condition of the patient's blood, his whole system will be benefited, and, therefore, he will be given a good diet of nutritious articles of food.

Counter-irritants will be applied to his chest, and he will be given internally, cod liver oil, and the fluid extract of cinchona.

Cod liver oil will produce a large amount of fatty matter in the blood. It is not better than other oil as regards its medicinal properties, only it is more digestible than other oils, and, therefore, more easily assimilated.

This will antagonise any tendency to phthisis which may exist.

To act on the blood, the fluid extract of cinchona will be given in doses of a drachm three times a day, and at the same time a grain of digitalis will be administered three times a day. This treatment has often been found very beneficial in diseases of the heart.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

January 16th, 1861.

AMPUTATION OF THE THIGH FOR UN-UNITED FRACTURE OF THE FEMUR, WITH ANCHYLOSIS OF THE KNEE-JOINT—REMARKS ON THE PATHOLOGY OF THE DISEASE, ETC.

Nine months previously, the patient, an adult male, had been brought into the house. Eight months before his admission he had suffered a fracture of the femur, and false joint had formed. He was brought in with the limb shortened 3½ inches.

The limb was brought down, and the ends of the fragments secured in apposition, and irritated from time to time, in the hope that, even after so long an interval as eight months, union could be procured.

These attempts were continued for three months longer, in the hope of being able to avoid the necessity of resorting to resection or any other plan for the cure of false joint, or to amputation. These efforts failed, and the man desired to have the limb removed.

Dr. Pancoast then determined to try another and a new plan.

He cut down upon the leg and sawed off the ends of the fragments, and threw the leg around, making the bones overlap each other; with one of the Italian tourniquets he pressed the soft parts to one side, and with a common gimlet bored a hole through the two ends of the fragments, making an opening through the skin on the other side; he then passed a large silver wire through the holes he had made in the bone, and carried the ends round on the outside of the bone.

The consequence was, that the two bones had a silver pin passed through their centre and brought again on the side and twisted down to the orifice, holding the ends together.

This did not produce the slightest pain nor irritation, the skin even did not redden, and the operation failed.

During this operation the cause of the formation of the false joint in the first instance was discovered, as also the reason why it had not been cured by extension and irritation of the fractured ends of the bone; and also why the wire suture failed.

This was because the bone had been broken just at the point where its nutritious artery entered. The artery had been destroyed by the fracture, and consequently its nutrition being impaired, the bone had become hollow, and when the upper fragment was bored through, the shaft was found to be very thin, embracing a large cavity, so that there was nothing to give vitality to the lower end of the upper fragment, to enable it to throw out plasm which might

be consolidated into cartilage and bony matter, so as to unite the two fragments.

This suture was allowed to remain in the bone from June until December, and then it was taken out, when some erysipelas followed its withdrawal, previous to which there was no inflammation or irritation whatever.

Ordinarily, the ends of the bone are sawed off, but if this had been done in the present case, where the shaft was very thin, all hollowed out, there would have been no place for union, for the parts had not enough nutriment to keep their own original structure, but had gradually been absorbed. The ends of the bone had become covered with a sort of fibrous structure.

In consequence of these failures, and at the solicitation of the patient, it had been decided to amputate the limb.

In order to give the man as long a thigh as possible, the whole of the upper fragment was to be left, so the operation would be a division of the thigh bone at the junction of the middle with the lower third.

Liston teaches not to amputate lower than the upper third, but experience has proved that this can be done advantageously.

In performing this amputation, whether by the flap or circular operation, care must be taken to secure material enough to cover the stump well. If it is a flap operation, the bone must be uncovered 1½ or 2 inches above the edge of the flaps; and in the circular operation the muscles should be drawn up 1½ or 2 inches above the end of the bone, so that when once sawed off the divided end shall not be seen again.

In the present case two inches of muscle will be left to cover the end of the upper fragment, making both skin and muscle flaps, two inches of skin below the section of the muscle, and 1½ inches longer than that, so as to bring the incision nearly to the knee-joint.

The leg was bandaged as tightly as possible, as far as it could be bandaged so as not to interfere with the operation, in order to force the blood in the veins, superficial and deep, out of the circulation.

The flow from the femoral artery on the front part of the thigh was controlled by the tourniquet.

The operation was then performed, cutting the ham-string muscles two inches shorter than the muscles on the front of the thigh, as they contract and carry up the skin with them, so that often the cicatrix of the stump is drawn away from the end of the bone and toward the back part of the leg.

The skin flaps were then dissected up for two inches, and retracted; the ham-string muscles were divided very nearly where the skin was divided, but a little above that point; the skin was then retracted two inches, and the remaining muscles divided circularly down to the bone; then the muscles were dissected from the bone up to the retractor, and seizing the limb and twisting it, the lower fragment of the femur was torn out of the surrounding flesh, slipping from the periosteum, leaving a long tube of periosteum. The lower fragment overlapped the lower end of the upper fragment some three inches.

There was no danger of phlebitis, because there had been no sawing through of bone. In cutting into the medullary portion of a long bone, phlebitis is more apt to follow than when the spongy portion is cut through; the reason for this is not exactly known. After caries it often follows, resulting in pyæmia.

The fragment removed, showed an attempt at ossification at the point where the holes had been drilled to keep the fractured ends together.

Subsequently, an examination of the part removed was made, to see the condition of the parts. Laying open the anterior portion of the joint, it was found that the patella had become firmly adherent to the surface of the bone at the upper part of the joint. This was separated, but it was still impossible to straighten the joint, there being a great number of adhesions, which had taken place after the absorption of the cartilage, on the condyle of the joint, and the formation of false membranes which had run across to be connected with the tibia and patella. These adhesions came from the synovial membrane.

Continued motion is necessary to stimulate the synovial membranes to throw out their fluid, and keep their fringes out of the joint proper.

If there is no motion to keep up synovial secretion, these fringes bulge forward between the bones and absorb the substance of the cartilage, and lick it up before them, as it were; and when they have taken away the cartilaginous incrustation, there is an analagous condition on the opposite sides of the joint, and they unite, forming ligaments which may be developed not only into fibrous structures, but also into cartilage, or, still further, into bone.

Fourteen Days after the Operation.—The man was doing well, no bad symptoms having followed the removal of his limb.

The tube of periosteum left in the limb had suppurated a little. There had been no retraction backward of the lower part of the wound.

He had lost his appetite, having a disgust for food. Quinine and iron were administered, with beef tea and milk punch; and he was given the following mixture:

℞. Syrup. aurantii, f℥j.
Acid. nitrosum, f℥ss.
Acid. muriaticum, f℥j. M.

The dose being a tablespoonful, with an equal quantity of water, taken before each meal.

This was employed as a tonic to restore the

appetite. Sometimes it will irritate the stomach, when it should be discontinued.

The patient made a rapid recovery, and on the 6th of February was brought before the class, previous to his discharge from the house, and pronounced well.

ORGANIC STRICTURE OF THE URETHRA, ETC.

(*See* Reporter, *present volume, page* 478.)

The result of the ineffectual attempt to introduce the waxed bougies (which see as above, etc.,) was, that some hours after the patient could not pass a drop of urine, the bladder filled up, and a large quantity of urine collected. The point of the bougies may, perhaps, have produced a little inflammation in the mucous membrane, which lines the canal, for often these applications stimulate the muscular tissue around the urethra and makes it contract, producing spasm; and, therefore, the patient, after the introduction of these instruments, in these cases, must be put to bed, and fomentations be applied about the abdomen, and opiate injections employed, or suppositories of opium and belladonna; a slight diuretic and diaphoretic should be administered, and perfect quiet enjoined, in order to relax the spasm, and by this treatment, in 36 or 48 hours, if not sooner, the urine will begin to flow as before.

The patient now (a week after the application of the bougies) passes his urine with even more facility than before, not from any good that resulted from the use of the bougies, but in consequence of the medical treatment that was instituted.

In order, if possible, to avoid the more serious operation of the perineal section, further attempts were made to introduce the bougies, though with little hope of success.

Several wax bougies were employed, but when they came against the stricture they doubled on themselves, and the attempt, therefore, failed.

Dr. Pancoast then divided the stricture by means of a blade concealed in the extremity of a catheter-like instrument, which is sprung forward as the point of the instrument gets against the obstruction.

This is always a somewhat hazardous proceeding, because the surgeon cannot always be sure that the knife gets exactly at the centre of the stricture; and if some of the parts surrounding it are wounded in the operation, if the patient is allowed to micturate immediately after making the division, the water may come through the opening made, and there may be a distilling into the perineum, leading, perhaps, to the formation of a perineal abscess.

It is, therefore, necessary that the patient should refrain from voiding his urine for a few hours after the performance of the operation, during which time the blood will be blocked up by the organization going on, and the parts becoming infiltrated with blood, which coagulates when the urine is passed, the water will not escape into the perineum, while, at the same time, if the fibrous part of the stricture has been cut in the operation, the division will remain open.

Three days subsequent to this operation, the patient was again brought before the class. He had been able to pass water in a much larger stream, and did not suffer in consequence of the operation.

Still, a cat-gut bougie could not be insinuated along the urethra to a greater distance than before the operation.

Attempts will, however, be gradually made to introduce a cat-gut bougie of small dimensions, and when once one of the smallest diameter can be passed into the bladder it will be allowed to remain some time, during which period it will swell to nearly twice its diameter, when it will be withdrawn and a larger one introduced, and that allowed to remain, thus soon gradually dilating the passage.

Should these attempts fail, after persevering in them a justifiable length of time, it may become necessary to resort to an incision in the perineum, and divide the parts, which operation will be certain in its results.

CHRONIC DISEASE OF THE ANKLE-JOINT.

This exists in a young, adult female. She cannot bear the slightest motion of the joint.

She came into the house with the joint rigid and tumid, and was made to undergo passive motion of the joint, which has increased the inflammation to a very great extent. The disease is in the synovial membrane.

The part has been leeched; sedative lotions have been applied; rest in a splint with the limb elevated; she has taken, internally, iodide of potassium; calomel and opium have not been administered, for there is a dyscrasia in the part diseased, which might have run into scrofula or white swelling of the ankle joint, which is accompanied with degeneration of the synovial membrane and the bone, the cause of which must come out of the blood. It is a plasma of the blood thrown down when the blood itself is not of a healthy character in the neighborhood of morbid parts, and there is a morbid lymph effused which may become scrofulous or tuberculous matter. The synovial fringes around the joint are diseased.

The joint was moved to break up any bands which might exist, and then the hot iron was applied, to modify any inflammatory action of the synovial membrane. The iron was passed over the surface of the joint in lines, very lightly where they passed over the malleoli. The heat thus penetrates into the tissue, and there modi-

fies the molecular life of the parts, which cause the difficulty.

After the operation, the parts were covered with chloroform to overcome the smarting from the burn, and then the cold water dressing was directed to be used.

By-and-by a little slough will be detached, the iron not having been applied strongly enough to destroy the skin, and there will be an issue made all round the joint, and the foot will be put at a right angle and kept in that position.

This treatment will prevent the degeneration of the structure into white swelling, which would necessitate an amputation of the limb.

STAPHYLOMA OF THE CORNEA.

Staphyloma racemosa is a chronic inflammation of the membranes of the eye brought about by a varicose condition of the ciliary plexus of veins belonging to the choroid coat.

Among the internal remedies given in this disease, tincture of veratrum viride, or aconite, combined with diuretics, are sometimes found of use. Here there is chronic ulceration of the cornea, which has weakened its texture so that the pressure of the recti muscles have driven forward the tissue of the iris so as to make the cornea bulge.

The sight of the organ is gone.

The mass, therefore, has to be removed, not because it is a deformity in this case, but because the staphylomatous affection is very great and affects the eye on every side.

Mr. Cooper White is now studying the effects of this disease in one eye upon the other, and he would remove the whole organ were this case under his care, to prevent bad effects on the other.

In performing this operation the knife is to be passed as though to extract the lens, and the part is to be cut half off, and when the instrument is removed there is a tendency to turn the other half up, and there is a better chance to make the section of the ball.

After the operation both eyes are to be closed.

The best plasters to be used are those made of india rubber.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

SYPHILITIC AFFECTION OF THE ELBOW-JOINT.

The patient is a female, and the case is brought to the College as being the result of mechanical injury.

It is, however, a syphilitic affection of the cellular tissue of the elbow joint.

There is a boggy swelling, very painful, and more so at night than in the day time. The patient complains, moreover, of pains at night in the collar bone, and sometimes in the ankle.

The swelling is exceedingly hard to the touch, and hot, and the hardness extends not only to the tendon of the triceps extensor muscle, but beneath it to the periosteum, a syphilitic affection of which is the origin of the whole of the inflammation and swelling.

The patient has occasionally had pain in the forehead, on which there was, at one time, a lump, which disappeared after being leeched.

This is a case of *cellulitis*, having its origin from the periosteum.

It requires leeching, and forty American leeches will be applied to it, and the arm will be kept in a sling, in a flexed position, so as to relax the flexor muscles, and it will be surrounded with a strong lotion composed of an ounce of the extract of lead, with an equal quantity of laudanum, in six ounces of water. Lint will be wet with this and applied to the entire arm, and about this a piece of oiled silk will be loosely laid.

As this is a constitutional disease, it requires, also, the internal administration of remedies to prevent the formation of subcutaneous tubercles, which might go on to suppuration, and form ugly ulcers.

Ten grains of the iodide of potassium will be given three times daily, after meals; and, in addition, some form of mercury should be given, either the protiodide or the corrosive sublimate.

She will be given a pill containing four grains of gum guiacum, with an eighth of a grain of opium before each meal, and the 10 grs. potass. iodidi after meals, in a little compound extract of sarsaparilla; and for the pains at night, which are the effect of this kind of rheumatism, she will be given twenty drops of the wine of colchicum, and 40 drops of the solution of the watery extract of opium or McMunn's elixir, which is nothing else, or, if preferred, the Dover's powder may be given.

WHITE SWELLING OF THE KNEE-JOINT.

The patient is a little girl, æt. four years and four months. It is a case of white swelling of the knee-joint in the last stage of treatment, when the cure has been in a great measure effected.

The disease began six months ago, occupying the right limb. It has been painted with iodine, and the case was treated without a splint. There is a little contraction of the pectineus muscle.

The active stage of the white swelling has passed by; there is a good deal of heat in the limb, and over it there are blue veins merely showing distension, there being more fluid in the joint than there should be. The ligaments being thickened, the ham string tendons are

found very tense, and resist the straightening of the leg.

Sometimes you see a child beginning to get sick, and over the bridge of the nose you observe a dilated varicose vein; I never see this in a child with the follicles on the tongue prominent, but I feel sure that it is the commencement of a scrofulous dyscrasia which can be arrested at that stage, but which, if not then arrested, will develope itself as white swelling in the knee, or the hip, or in the vertebræ.

In treating these cases, the general health must be improved by salt water bathing, and the proper administration of nutrients. They should be purged because the same condition of the tissue on the tongue shown by the prominence of the follicles, exists all the way down the alimentary canal, keeping the mucous membrane so coated with unnatural mucus that it cannot be taken up from the surface.

It will be better taken away with calomel, rhubarb, and a little exsiccated carbonate of soda. A little aromatic solution of quinine should be given before meals; the best of food should be given, absolutely forbidding any sort of sweet-meats of any and every description; no salt meat should be given, but good substantial food; even ice cream should be interdicted, and all sorts of preserves and sweet cakes, even gingerbread. Milk punch and claret wine may be given, and such things as will strengthen the body and improve the health.

It is too late to straighten this child's leg. The synovial membrane has had its fringes which surround the joint, and move with it back and forth, injured.

The case must be treated as a case of inflammation.

A few leeches should be applied to take down the excessive action of the part; cover it with the extract of lead water and laudanum lotion.

The limb will be placed in a splint made of sole leather, moistened and moulded to fit the part, or anything else may be substituted which will hold the limb quite still.

By-and-by, when the heat subsides, it will be wise to hold the limb straight, and it may, perhaps, be necessary to divide the tendons of the contracted muscles.

The joint will never have again its natural mobility: the cartilage is gone, and cannot be reformed; still, considerable motion may be procured.

Every third or fourth night the patient will be given a pill, containing 2 grs. of powdered rhubarb, 1½ grs. calomel, and 2 grs. of the exsiccated carbonate of soda, made up with gum arabic.

She will also be given three times a day, before meals, a teaspoonful of a mixture, composed of 12 grs. sulphate of quinia, 20 drops of aromatic sulphuric acid, 2½ fluid ounces of syrup of gum arabic, and half an ounce of tincture of cardamoms.

Sometimes in straightening the limb in a young child, if the joint will not yield, the bone will give way at the epiphysis; union very soon takes place between the separated parts.

BROOKLYN MEDICAL AND SURGICAL INSTITUTE.

Clinic of Prof's Louis Bauer and Whaley.

Reported by Charles E. Halsey, M. D.

DIASTASIS OF THE LOWER EPIPHYSIS OF LEFT FEMUR—SINGULAR DEFORMITY OF THE EXTREMITY—TOTAL EXSECTION OF THE KNEE-JOINT—RECOVERY WITH A USEFUL LIMB.

On the 9th of October, 1860, a number of prominent medical gentlemen assembled at the Institute to witness the exsection of a knee-joint, which Dr. Bauer proposed to perform upon Francis Shaw, a healthy lad, 14 years of age. The patient presented a rare and singular deformity of the left lower extremity, which materially interfered with its usefulness, both in standing and walking. Not only was the form of the knee-joint greatly altered, the internal condyle of the femur being very much enlarged, entirely outside of and overlapping the articulation, while the external condyle was totally absent. The joint was so loose as to allow the shifting and sliding of the articulating surfaces and lateral bending of the tibia upon the femur to an angle of 90°. Ordinarily, the leg occupied a lateral angle of about 45°, with eversion of the toes, and the deficiency in the length of the extremity amounted to three inches, which would have been considerably greater if the boy threw his entire weight upon the affected side.

In introducing the case to the audience, Dr. Bauer remarked that it had excited his interest to an unusual degree, both from the singularity of the deformity and its pathological character. It should be understood that the patient, a well-developed child, when seven years of age, sustained an injury in his left knee by a blow from an iron rod. Although disabled thereby, there was no noticeable change in the appearance of the extremity, and the physician who visited the patient soon after was satisfied that the injury amounted to no more than a contusion of the joint. Advising rest and cooling applications, the doctor did not think a second visit requisite. Thus the patient was left to himself, and in about three weeks he resumed locomotion, pain and swelling having in the meanwhile subsided. Up to that time, there was *no deformity;* since then, however, the malposition of the leg commenced, and, steadily growing, it has now attained such an extent as to cripple the patient

and to disqualify him for any business save some sedentary occupation.

A circumstance most aggravating is that the joint cannot be straightened, and is so loose as to change position with the amount of weight thrown upon it. This perfect looseness of the articulation, and the lateral angle between the femur and the leg varying from 45° to 90°, accordingly, accounts for the most awkward gait of the patient, precluding at the same time mechanical appliances as utterly impracticable.

Particular attention was called to the singular shape of the lower epiphysis of the femur. The ordinary contours of the joint had entirely changed. The internal condyle of the femur protrudes inside the joint, and the external is entirely absent. The articulating surface of the femur is spread and flattened, forming with the axis of the femur an acute angle.

The external articulating surface of the tibia projects, at least, half an inch beyond the femur; the patella is thrown outside, and gives the same direction to the quadriceps muscle.

In reference to the pathological nature of this deformity, Dr. Bauer expressed himself as uncertain. It might have been fracture of the external condyle, yet this was incompatible with the absence of deformity and crepitus

Fig. 1.

after the injury; nor could he understand why the external condyle should have disappeared entirely. He, therefore, inclined rather to a diagnosis of *diastasis* of the lower *epyphisis* of the femur, which would satisfactorily account for the integrity of the joint and its shifting from a transverse to an oblique position. There were, however, some points in the case which were inexplicable.

Total exsection of the joint was advised as, in every point of view, preferable to amputation; and it was thought the constitutional condition of the patient encouraged success, with hope of a useful extremity.

Ably assisted by Drs. D. Ayres, Whaley, and others, Dr. B. performed the operation in the usual manner—first making a semilunar flap in front, removing the patella, the articulating surface of the femur and tibia, and moving together the internal condyles of the femur and tibia respectively. The bones bled very freely, and it was deemed necessary to leave the wound open until all hemorrhage should cease. Great care was bestowed in thoroughly removing all serous membrane and exposed bursæ, as recommended by Prof. Bilroth, of Zürich, who maintains that, when left behind, they will give rise to suppuration, fistulous tracks, and not unfrequently cause a fatal termination of the operation. Next, the patient was placed carefully upon an extemporaneous apparatus,

Fig. 2.

consisting of a thigh and leg-splint with footboards, leaving the knee-joint entirely free and accessible.

But very slight reaction followed the operation, requiring no treatment whatsoever. The joint was covered with water-dressings, first cold and subsequently warm, and surrounded with oil-silk. At night, a small anodyne was given; the diet, after a short time, was allowed generously, and was never changed. The future dressings of the patient were always preceded by a warm bath, while throughout, the most rigid cleanliness was observed.

The greater portion of the wound healed by first intention—the remainder by kind and active granulation. With the exception of a fistulous track, from the external angle of the wound toward the supra-patellary bursa, which required division, nothing untoward happened during the whole treatment.

At the end of the first month, the wire was removed, it having become perfectly loose without cutting through the bone. The patient, at the sixth week, could sit up, resting the affected limb upon a chair. Recovery, indeed, was almost complete. At the end of the eighth week, the patient walked from the Institute, supported by his little brother, the distance of two blocks, to the cars.

Four months from the day of operation, the patient presented himself at the clinic, when there was found to be a most perfect union of the corresponding bones, by dense and short, fibrous tissue, allowing of mobility in the slightest degree. The form and appearance of the extremity is most satisfactory. No tumefaction or enlargement at the place of union; length deficient by *two* inches only, and its usefulness firmly established, bearing not only the body but additional weight upon it. A high-heeled boot greatly modifies his limping gait. The accompanying figures (figs. 1 and 2) give a correct representation of the lad's appearance before and after the operation. From the fragment of bone removed from the femur, it seems to be conclusive that diastasis had been the cause of the trouble, for the intermediate cartilaginous line between the diaphysis and epiphysis of the femur being still extant and only partially ossified, shows a very oblique angle, instead of a right angle, with the axis of the femur, while all the remaining parts of the joint had preserved their integrity intact. The external condyle of the femur seems to have been gradually carried off by absorption, the entire weight having been thrown upon that point. The articular surface of the tibia is rather more convex, and therefore allows the rather easy lateral sliding.

CASE OF EXSECTION OF THE ELBOW JOINT.

Reported by Geo. A. Ostrander, M. D.

Robert Cahl, æt. 11 years, entered the Institute January 6th, 1861, giving the following history:—He has always been a healthy boy; his father died of phthisis. He does not know of having injured his elbow in any way. On thanksgiving day last, (29th November,) he first felt pain in it, although it had then been swollen for some time previously. The pain continued to increase, and, on the 4th of December, he applied to the clinic for aid. The joint was found to be swollen, hot and tender, and motion painful. He was directed to apply evaporating lotions, and was given a purgative.

In two or three days, he again presented himself, and, upon examination, fluctuation was discovered. This was looked upon as bursitis, and, upon being opened by Dr. Halsey, matter escaped. A probe was then introduced, but no denuded or carious bone discovered. Poultices were then directed, and the arm supported in a sling.

Since that time the disease has gone on increasing, the interarticular cartilages have been destroyed, and the articular surfaces of the bones become diseased. As the patient's condition was good, Dr. Whaley proposed to exsect the joint as the only means of removing the disease, and the only operation which would give him the use of the arm.

Accordingly, on the 5th of January, the operation was performed in the usual manner by making a straight incision over the posterior surface of the joint, turning out the bones and removing the diseased portions. The tissues were much thickened and gelatinized, and the periosteum thickened and very vascular. The olecranon was found to be entirely diseased, the cartilage raised off from it and the apophysis entirely separated. The central portion of the head of the radius was also denuded of its investing cartilage. The anterior portion of the articular surface of the humerus was in a like condition. The whole synovial membrane, under inflammatory action, had undergone transformation, being thickened, softened, and degenerated.

After the operation, the arm was laid on a pillow and cold-water applications made to the wound. From this time forward, everything went on favorably. The wound granulated finely, the boy's appetite and strength increased, and by the 1st of February he was discharged, the wound being nearly all healed.

In the course of a week or two, it healed entirely, and now the joint can be flexed and extended considerably, although, on account of his not attending regularly to the passive motion, he has not much voluntary action.

———o———

Trees may be pruned at any time, without danger, by simply covering the cut parts with shellac varnish.

Refined coal-oil is a solvent of gutta-percha and india-rubber.

Chemical researches by Mr. J. Salisbury, of Albany, show that good varieties of the apple are richer in those substances which strictly go to nourish the system than potatoes are; or, in other words, to form muscle, brain, and nerve.

EDITORIAL DEPARTMENT.

PERISCOPE.

CHLORATE OF POTASH.

This substance has come within a few years to be a medicine of first-rate importance. We have experienced great satisfaction in its effect upon aphthous stomatitis in children, ever since we read the recommendations of it by Dr. West in his lectures in the London *Medical Gazette*. It has also proved very valuable in our hands in some varieties of stomatitis in adults. And now within the last two years we have employed it in large doses in diphtheria.

"Chlorate of potash was originally employed as a medicine for supplying oxygen to the system, where a deficiency of that principle was supposed to exist." (Pereira's Materia Medica, 1849.) With this view it was employed at different times in a variety of diseases. Pereira considered that as it was found in the urine of persons who had taken it, it was proved to furnish no oxygen to the system. It is possible, nevertheless, that a portion of it may be decomposed. There are some cases that give color to the probability that it does furnish oxygen to the system under some circumstances, if not all. In some cases of dyspnœa, either from advanced phthisis or intense pulmonary congestion, great relief has been obtained by the use of large quantities of it. It has been inferred, and not unreasonably, that the effect was due to oxygen furnished to the blood by its decomposition.

Dr. Fountain, of Davenport, Iowa, believes that it has curative power in tuberculous affections. A paper which he read to the Section of Practical Medicine of the American Medical Association at the last annual meeting, designed to illustrate the effect which he claimed in several cases of phthisis, was hardly convincing, for want of sufficient details of the cases to allow the members who heard them to judge of the accuracy of the diagnosis. The spirit of the author of the paper was of the very best kind, and if the cases he presented were unconvincing in relation to the curative action of the chlorate of potash, there could be no doubt that he would either succeed in establishing its efficacy by future investigations, or would frankly and promptly acknowledge his faith in the medicine to be unfounded, as soon as he was satisfied with his trial.

No doubt, hundreds of practitioners will be (if we may be pardoned the vulgarism) "quacking it" with chlorate of potash in phthisis before a twelvemonth has passed, for which Dr. Fountain is not responsible, having unquestionably the best intentions. But let it be fairly tried, though it prove illusive to thousands of phthisical sufferers, before it is sent to the tomb of the Capulets, with the hypophosphites and all the other ignes fatui that have led so many up and down to leave them in despair at last.

In the *American Medical Monthly* for February, Dr. Fountain has published another paper on the subject. It is an interesting "Report of Cases of Phthisis, Scrofula, and other Diseases treated by the Chlorate of Potash." The cases establish the opinion that the medicine is a "tonic, alterative, and blood-depurant" of a high character, but fail to add any further evidence to the expectation of permanent relief in tuberculosis of the lung. In the cases of phthisis detailed, there was marked temporary improvement, such as follows cod-liver oil in very many cases, but no evidence of any superiority to that medicine. The subject deserves careful investigation, which Dr. Fountain indeed desires.

His paper is partly devoted to a defence against the objection which has been made to the medicine in question, that it is liable to derange the digestive organs and produce diarrhœa. He claims that all such effects are traceable to impurities in the drug, and instances some cases in support of his opinion. We can readily believe him to be correct in this; the demand of chlorate of potash is probably a hundred times as great in this country now as it was two years ago, and its adulteration having become profitable, it is more than probable that much of what is now sold is impure. Whatever may be its impurities or its adulterations, it is easy to understand that the digestive apparatus might be deranged by them, when we consider the large quantities in which it is administered. We have, ourselves, seen lately a dirty-looking specimen of it, very different in appearance from that we have been accustomed to use.

Dr. Fountain furnished last year sufficient evidence of its innocuousness when pure, in swallowing at a draught a solution containing an ounce of it, without experiencing any new sensations or discovering any medicinal results. And we may add our own testimony to its freedom from all bad effects in pretty full doses in various affections of children and adults.—*Berkshire Medical Journal.*

Dr. Fountain closes his article in the *American Medical Monthly* as follows:

"Believing the chlorate of potash to be a *tonic, alterative,* and *blood depurant,* superior in many respects to anything in our materia medica, I do not hesitate again to urge its claims upon the attention of the profession. From the time when, in 1851, I discovered its utility as a remedy for mercurial ptyalism, I have been testing its properties in many directions, and with constantly increasing confidence in its virtues, and (in the language of Dr. Hutchinson) "its scarcely less than wonderful power." I believe there is no tonic and alterative comparable to it in all manner of scrofulous diseases,

and every form of tuberculosis, in the sequelæ of the exanthemata, in adynamic fevers, and asthenic types of disease with depressed vital power, in every condition involving an imperfect aeration of the blood, and many derangements of the system resulting in abscesses, eruptions, ulcers, &c. In my opinion, it has this wide range in its application by reason of its *oxydizing* properties, in support of which I may have something to say hereafter."

REDUCTION OF HERNIA ASSISTED BY PLACING THE PATIENT ON HIS HEAD.

J. F., aged 49, was admitted into King's College Hospital, under the care of Mr. Bowman, January 9, 1861, at six A. M., with a large inguinal rupture on the right side. He stated that the hernia had existed twenty years, and that he had always worn a truss during the day. He said that two years ago the hernia came down, and not being able to reduce it himself, he applied at a London hospital, where taxis was applied, and at the end of an hour and a half was successful. The history of the present strangulation was that on waking at four A. M. he discovered that the rupture was down, and failing to reduce it himself after prolonged attempts, he at once proceeded, with great difficulty, to the hospital.

On admission, there was a large inguinal hernia of the right side, firm and irreducible. There was also a much smaller inguinal hernia on the left side. Taxis was immediately applied, first without and then with the aid of chloroform for about twenty minutes, but it was unavailing. He was then placed in bed, the thighs flexed, and a bladder of ice applied over the swelling.

At nine A. M. Mr. Bowman saw the patient. He had vomited bilious fluid, and was shivering violently, with great anxiety of countenance. The swelling was somewhat more tense, and apparently not yielding the least to attempts at taxis when the patient was on his back with his thighs flexed. It seemed advisable to proceed at once to an operation; but, before doing so, Mr. Bowman determined to try the plan lately advocated, viz: placing the patient on his head and shoulders, the pelvis being raised and in a vertical position. The tumor had not been compressed between the hands for more than half a minute, before a portion of gut suddenly receded, reducing the tumor to three-quarters of its bulk; but, although further attempts to reduce it were continued three or four minutes longer, they failed while he was in this position. It was, however, completely reduced soon after, by the ordinary method of taxis.—*Med. News.*

ON THE THERAPEUTICAL METHODS OF PREVENTING PITTING OF THE FACE IN CONFLUENT SMALL-POX.

During the last five years Dr. Stokes has employed gutta percha and collodion in a considerable number of cases of confluent small-pox, for the purpose of preventing pitting of the face. In most of the cases the crust came off in large flakes or patches, composed of the dried exudations and the covering material, leaving the skin uninjured. This kind of treatment was most adapted to those presenting a more sthenic type. Dr. Stokes considers that the application of poultices over the face is the surest method of preventing disfigurement in small-pox. Their use should be commenced at the earliest period, and continued to an advanced stage of the disease. In most cases they may be applied even over the nose, so as to cover the nostrils. The plan should fulfil three important indications of treatment—namely, to exclude air, to moderate the local irritation, and to keep the parts in a permanently moist state, so as to prevent the drying and hardening of the scabs. The best poultice is formed of linseed meal, which should be spread on a soft material, such as French wadding, and covered with gutta percha paper or oiled silk. The conclusions to which Dr. Stokes arrives are the following: 1. That the chances of marking are much greater in the sthenic or inflammatory than in the asthenic or typhoid confluent small-pox. 2. That, considering the change in the character of the disease observed during late years, we may explain the greater frequency of marking in former times. 3. That in the typhoid forms of the disease the treatment of the surface by an artificial covering, such as gutta percha or glycerine, will often prove satisfactory. 4. That in the more active or non-typhoid forms the use of constant poulticing, and of every other method which will lessen local inflammation, seems to be the best mode of preventing disfigurement of the face.—*Dub. Quar. Jour. Med. Sci. and Nashville Journal.*

NEW EXPERIMENTS REGARDING THE ORIGIN OF COW-POX.

The opinion of Jenner regarding the origin of vaccinia, alternately supported and contradicted by various observations, is at present, at Toulouse, being tested by new experiments, of which Dr. A. Fontan has given the following account, dated Toulouse, 24th May, 1860:

"A happy accident occasioned my passing through Toulouse at a time when a question of the highest importance was being submitted to experiment, I mean the question of the origin of vaccinia. The following is an abstract of the principal facts: Some weeks ago, M. Sarrans, of Rieumes, observed that several mares brought back to his establishment for the se-

cond or third time, were affected with the *grease* (*eaux-aux-jambes.*) There was a sort of epidemic of the affection, for nearly a hundred horses were found to be suffering from it. The variety of grease was the pustular form.

"One of these mares was taken to Toulouse to the veterinary school, where the learned Professor, M. Lafosse, soon recognized the true character of the epidemic. He inoculated with some of the matter of these pustules the teat of a cow, in the presence of his assistant and numerous pupils. Soon afterwards fine pustules made their appearance on the udder of the cow. One of the most distinguished physicians of Toulouse, Dr. Cayrel, the official vaccinator of Toulouse, vaccinated, with matter from the pustules of the cow, several infants who had never been vaccinated. Well characterized vaccine vesicles followed, presenting their pearly aspect, central depression, and rose-colored areola, increasing in size from day to day without any trace of erysipelatous inflammation.

"A second cow was vaccinated with matter from the first cow, and infants were vaccinated with matter from the second cow; the results were equally satisfactory, as in the former case. At present they have arrived at the fourth vaccination from the first cow, and at the third from the second cow. I was present at this vaccination; the vesicles were very fine. One was photographed in my presence, with a tolerably satisfactory result. The vesicle presented the most characteristic appearance of vaccinia. When pricked, no purulent matter escaped, but gradually a serous fluid oozed out in great abundance, with which several infants were vaccinated.

"The new matter is very active, and succeeded in the case of a pupil of the veterinary school, vaccinated in infancy, and in whom all attempts at revaccination had failed. I saw a vesicle in an infant, produced by the virus of this pupil, finer and more developed than three other vesicles produced by an ordinary vaccination in the same infant. (No doubt the two vaccinations were performed simultaneously.)

"Already thirty infants have been vaccinated at Toulouse. No unpleasant symptoms have manifested themselves in any case; and in all, the result has been most satisfactory.

"Dr. Izarié, formerly vaccinator in Paris, considered the vesicles so good, that he had his son vaccinated this morning with virus from one of the infants.

"An official commission has been named by the Prefect to carry out these experiments. A report will be drawn up and communicated in due time."—*Edin. Med. Journ. and Nashville Journal.*

Ether, whose boiling point is 100 deg., and which almost boils with the heat of the hand, cannot be induced to rise above 95 degrees.

GLYCERIN.

The following, which we take from the *Chemist and Druggist*, though containing nothing new, is an excellent brief summary of many of the important uses to which this remarkable substance may be put:

"Doctors differ respecting the effects of this substance on the system when taken internally, but they agree in regarding it as a valuable *excipient*—an excipient which appears to hold a place between water and oil, for it participates in most of the qualities of both. Glycerin unites as well with aqueous and alcoholic liquids as it does with lard, ointments, pomades, and soaps. It may be used as a base for liniments, and may be added to extracts, tinctures, and medicinal wines. When mixed with any active medicinal agent, its lenitive sedative properties may prepare the tissues, by softening them, for the absorption of the medicinal substance. Glycerin has been tried as a substitute for cod-liver oil in phthisis, but the opinions of medical men as to its efficacy as a remedy in this disease are divided. Dr. Cotton, Physician to the Brompton Hospital for Consumption, says that it will bear no comparison to cod-liver oil. Nitro-glycerin, or Glonoine, formed by the action of nitric and sulphuric acid, is a terrible poison, half a drop being sufficient to produce death; this peculiar compound, so unlike the harmless inert substance from which it is produced, is administered in exceedingly minute doses by homœopathic practitioners as a remedy for nervous affections. As an external application in disease of the skin glycerin is justly prized. Mr. Startin states that he has employed it in some 15,000 cases at the hospital under his care, and has found it a most useful *palliative*. In diseases of the ear this substance has been employed with good results. In the treatment of some diseases incidental to the organ of vision, a mixture of glycerin and extract of belladonna is used to dilate the pupil; the glycerin does not effect this object, but it keeps the skin soft and pliable while the belladonna does its work. Applied to burns or other wounds it keeps them from the air, and maintains the suppleness of their edges. When added to cataplasms, it preserves their softness, and what is very important, it prevents them adhering by their edges to the surfaces on which they are placed.

NITRATE OF SILVER IN OBSTINATE VOMITING.

A Cincinnati subscriber writes to us as follows:—"In the Reporter for March 2d, under the title of 'Obstinate Vomiting,' nitrate of silver is not mentioned in the treatment. Given in one-third grain doses, in the form of pill, combined with small portions of morphia, I have never known it to fail in any instance."

REVIEWS AND BOOK NOTICES.

Lives of Eminent American Physicians and Surgeons of the Nineteenth Century. Edited by Samuel D. Gross, M.D., Professor of Surgery in the Jefferson College of Philadelphia. Philadelphia: Lindsay & Blakiston, 1861. Pp. 836.

The task which the distinguished editor has, in this work, imposed upon himself, has certainly been an agreeable labor, and perhaps a mental relief after his years of toilsome delving in the heavier literature of science. He says that it was a labor of love; and we know of no labor which should be more to the heart of one who has reached an eminent position than that of retracing and refreshening the footprints of the great and good of the profession who have passed away. Every age needs its Old Mortality, who shall chisel afresh the time-worn records of departed greatness. The past grows shadowy and memory's outline becomes blurred, and the dust of years tinges all with the same sombre hue. In this work are reawakened to the surviving friends the memories of those who made the American medical profession what it now is, and will bring familiarly to the generation now stepping on the stage the lives of those whose names are household words in the school of medical science.

To two of the former class, "representative physicians of an age now passing away," the elegant volume is dedicated; to Samuel Jackson, M.D., of Philadelphia, formerly of Northumberland, and John W. Francis, M.D., of New York. To Dr. Jackson, who now, in a green old age, and after a long life of usefulness, can look back through the vista of years which the work opens to him, this dedication must be particularly grateful. To the latter veteran, it was the last distinction offered to him; for, soon after the volume came from the press, he, too, was gathered in, and leaves a memory well worthy of the immortal conservation of the biographer.

This volume being really the first systematic work of the kind, may be said to be the first instituting of medical biography in our literature. Such a work in the present high status of the profession in this country cannot be ephemeral, and must be appreciated. The tyro thinks but little of the past; but when years of toil, and perhaps disappointment, have sobered his starting enthusiasm, and he looks about for some real object as the end of professional life, he naturally turns, for example and consolation, to the lives of those who have gone before him in the race.

Thirty-two distinct biographies are given, and include, chronologically arranged, those of Rush, Warren, Wistar, Dorsey, Bard, McDonell, Brown, Godman, Mitchill, Hosack, James, Physick, Eberle, Macneven, Thacher, McClellan, Randolph, Brigham, Luzenberg, Hartshorne, Morton, Beck, Drake, Chapman, Beck, Horner, Swett, Bartlett, Stillé, Beck, Warren, and Frick.

Three of these are by the editor, and the others are by personal friends of the deceased, or those intimately acquainted with their career, or by their sons. The editor remarks that "a book of biography, constructed upon such a plan, must, it is evident, possess superior claims to attention, since, from its very nature, it will be more likely to insure a just delineation of character than if it were the offspring of a single individual."

This variety of authorship seems to increase the spirit of the work, and the biographies being, indeed, all excellent as literary productions, we think that it will be not only to the medical profession, but to the whole reading community, an exceedingly interesting book.

It is proposed, should the present volume meet with sufficient encouragement, to issue another which shall contain the biographies of Miller, Caldwell, Beaumont, Davidge, De Butts, Harrison, Rodgers, Dewees, Post, Power, Williams, Mitchell, Mütter, Bellinger, and others.

The Transactions of the American Medical Association, instituted in 1847. Volume xiii. Philadelphia: printed for the Association, by Collins.

This ponderous volume of 930 pages gives very satisfactory evidence of the activity and vitality of our National Medical organization. It contains the proceedings of the meeting at New Haven last June, and may be divided into—1. Address and Reports of Officers of the Association; 2. Reports of Sections; 3. Reports of Standing Committees; and, 4. Special Reports.

Three of the six sections into which the Association is divided, seem to have had business of sufficient importance before them to report, viz: the sections on Meteorology, Medical Topography and Epidemic Diseases, the Surgical sections, and the section on Practical Medicine and Obstetrics.

Two elaborate and very valuable reports were presented to the first-named section, on the Medical Topography and Epidemics of the States of New York and North Carolina, by Dr. Joseph M. Smith, of the former, and Dr. James H. Dickson, of the latter State. The historical value of such reports as these is beyond estimate. The names of their authors are a guarantee of the ability with which they are drawn up.

The Surgical section produced three papers. Two of these, the Report on the various Surgical Operations for Defective Vision, by Dr. M. A. Pallen, of St. Louis, and the Report on Morbus Coxarius or Hip Disease, by Dr. Lewis A. Sayre, of New York, are very valuable papers. In his report, Dr. Sayre gives a tabular statement of 110 cases of resection of the head of the femur, for caries. Of these, 36 died, 2 re-

sulted unfavorably, and 72 recovered with more or less useful joints.

Among the special reports is a lengthy and very interesting one by Dr. H. P. Ayres, of Fort Wayne, Indiana, "On the Education of Imbecile and Idiotic Children." There is much in this report to encourage our profession to persevere in their efforts to rouse the public to the importance of making provision for the education and training of a hitherto much neglected class of the unfortunates of the human race. The field seemed very unpromising at first, but the philanthropy and genius of Séguin, Howe, Wilbur, and others, has demonstrated that the soil is not incapable of productiveness.

The report of Dr. C. C. Cox, of Maryland, on American Medical Necrology, is an interesting feature in this volume, and we hope that it will be kept up from year to year.

This volume would be a valuable addition to the library of any physician. A remittance of three dollars to Dr. C. Wister, of this city, the Treasurer of the Association, will secure a copy.

Diphtheria, its Nature and Treatment; with an Account of the History of its Prevalence in various Countries. By Daniel Denison Slade, A.M. Philadelphia, 1861: Blanchard and Lea. Pp. 85.

This is the dissertation to which the Fiske Fund Prize was awarded July 11th, 1860.

The writer supposes that the history of the affection can be carried back almost to the time of Homer. He mentions the description of a malignant sore-throat by Aretæus, characterized by ulceration, fetid breath, and dyspnœa.

Macrobius speaks of a similar epidemic at Rome, A. D. 380. A fatal epidemic of sore throat occurred in Holland in 1337, and again in 1519, and in 1557, which last spread to other parts of Europe. In 1576 it appeared in Paris, assuming a very malignant form. Early in the 17th century it occurred in Spain, being called "garotillo," from the death by strangulation, and was described by Mercatus, Villareal, Nunez, and others.

In 1618 it appeared at Naples, and continued for some twenty years, being described by several writers.

The next account of it was in 1743, when it again prevailed in Paris until 1748, which epidemic is described by Malouin and Chomel.

At the same time it occurred in England, and at Cremona, as seen by the accounts of Fothergill, Starr, and Ghisi.

Huxham described it, in 1757, prevailing in England; Rosen, in 1761, in Sweden; Dr. Samuel Bard as it occurred in New York in 1775.

Then the subject dropped until revived in 1825 by Bretonneau, whose treatise is the first practical research on the subject. Since then it has been described at various times in various places by a number of writers.

Bretonneau, with nearly all the French writers, regard diphtheria as identical with croup; others consider it identical with scarlatina, in which the throat affection is unaccompanied by the usual eruption.

After presenting descriptions of the disease and the opinions of authors, Dr. Slade thus sums up:

Diphtheria is a *specific* disease, as shown by its origin, progress, manner of termination, and sequelæ.

Its diagnostic sign is the formation of an aplastic, membranous exudation upon any portion of the cutaneous or mucous surface, which is exposed to the contact of the atmosphere.

It is propagated by infection and contagion, and is both epidemic and sporadic in its invasion.

Its characters plainly indicate that it belongs to the category of *blood diseases*.

It is not allied either to cynanche trachealis, or to scarlatina.

The treatment is to be directed to the control of the exudation, and to the support of the constitution by means of tonics, stimulants, and by a nutritious diet.

Treatment.—Mercury and depletion are contra-indicated by the asthenic nature of the disease.

Strict attention to hygienic rules is indispensable.

In the early stage of heat and engorgement about the throat, local applications of cold and compresses. Later in the disease, fomentations and emolient applications generally. Blisters add to the engorgement and cellular infiltration, and afford surfaces for the diphtheritic deposit, therefore, are to be avoided.

In the general treatment, emetics of ipecac. if there be early tendency to croupal symptoms.

The bowels may be moved by enemata, or mild laxatives, the asthenic nature of the disease prohibiting the abuse of purgatives.

Internal tonics, which may be quinine, muriated tincture of iron, or chlorate of potash; the object being to sustain strength, it is immaterial what means are employed, so that they are competent to this end, but the author seems to favor tr. ferri chloridi, the dose being 10 to 15 drops, in water, every three or four hours.

If necessary, injections of beef tea, with brandy and quinine.

The author does not recommend the local application to the fauces of nitrate of silver, except early in the disease, when it may check further exudation.

He prefers the tr. ferri chloridi, applied by means of a brush or sponge, or in a gargle—f℥ij to aqua f℥viij.

Hydrochloric acid is sometimes useful, honey being added to it for children, which is the favorite topical remedy of Bretonneau. Many other gargles have been employed. Where there is much tonsilitis, inhalation of steam,

mucilaginous gargles, fomentations, etc., often afford marked relief.

Ablation of the tonsils is unadvisable, because the exudation will re-form, and there is great risk of severe hemorrhage, and it is only admissible in an adult to facilitate respiration when there is great tumefaction.

If the nasal fossæ are implicated, injections of solution of chloride of soda in water, with the addition of glycerine. Warm water and soap should be frequently thrown up for purposes of cleanliness, and any solution applicable to the fauces may be injected if called for.

With regard to tracheotomy, it is a resource bound to be employed in view of apparent certain death, and even when such cases terminate fatally the operation will render the last moments of life less distressing. The canula should not be too small.

After such an operation, the same therapeutical treatment before described and advised should be persisted in; and, in these cases, injections of nitrate of silver into the trachea is strongly advocated.

The work before us exhausts the subject to a sufficient extent, and presents the profession with a succinct account, with all the various details of its history, pathology, and treatment, as expressed by various authors.

Anything we could say in commendation of the plan of the work, and the literary and other ability displayed in treating the subject, could hardly add to the distinction it has already received from the trustees of the Fiske Fund.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 16, 1861.

HAS DEATH EVER BEEN PRODUCED BY INHALATION OF SULPHURIC ETHER?

The circular of the Boston Society for Medical Improvement, which is appended, has for its object the determining the absolute safety of ether, which is claimed by some, or of showing that its administration has not an entire immunity from danger.

Cases of death from the immediate effects of the anæsthetic inhalation of ether, are generally believed to have, in a few instances, occurred, and some statistics of deaths from anæsthetics include such cases; but the actual records of instances in which death is clearly attributable to the inhalation are not to be found.

It may have been difficult, in some instances, to decide whether a death, whilst under the influence of ether, was owing to the anæsthetic or to causes preëxistent or unconnected with its administration. Ether has, perhaps, often been given to sufferers in an extreme condition, or even in *articulo mortis*, and the anæsthetic sleep been quietly merged into the sleep of death, without the termination having been at all hastened by the inhalation. Its use, in producing euthanasia may have caused death to be attributed to it. In a recent case, in this city, in which respiration for a time ceased and death seemed imminent, whilst a patient was fully etherized, some substance which had regurgitated from the stomach and apparently entered the larynx, was fortunately expelled by a violent succussion of the chest, and at once all was right again. If, in this case, death had actually occurred, it would certainly have been attributed directly to the anæsthetic, unless an autopsy had revealed the real immediate cause.

The continued occurrence of deaths from chloroform, which are now counted by hundreds, has shaken confidence in it as an anæsthetic for general use, and renewed the interest in sulphuric ether. This mortality is admitted to be uncontrollable; it has occurred whilst the chloroform was administered by the ablest and most cautious surgeons, and some of the most vigorous patients have expired after drawing but a few breaths of the vapor. No surgeon can operate with ease and confidence whilst he knows that he is liable, during an operation, to be startled by seeing his patient's face blanched with a deathly pallor, his chest collapse, and respiration cease.

The object of the circular of the Boston Society is a good one. If ether is amenable to the same fatal accidents as chloroform is, it is well for us to know it. If, in the innumerable instances of its use, careful or reckless, in old or young, and in every condition of the human system, it has destroyed no life, let it have its credit as a priceless blessing, and let the fact be proclaimed.

An impression prevails among the public that anæsthesia is dangerous, and patients occasionally prefer to suffer rather than incur the supposed risk. If the absolute safety of sul-

phuric ether can be asserted, this fear will soon be dispelled.

A showing of the safety of anæsthesia by ether may be the cause of saving many lives. In Europe, before the use of ether became general, chloroform was announced from high authority as its superior, and the attractiveness and convenience of the new anæsthetic spread it rapidly in favor. In this country, chloroform has never been generally adopted, and the last few years have seen its use, as a general anæsthetic, rapidly declining. In Europe, its use soon became almost universal, and there the American discovery of anæsthesia by inhalation seems eclipsed and forgotten in the Scotch suggestion of chloroform. But the use of chloroform has met with a check which will not be removed until more of its physiological action is known, and the mystery of its appalling fatality comprehended and controlled.

A mixture of ether and chloroform, as first used and recommended by Dr. Henry H. Smith, is increasing in favor in this city, and has thus far seemed safe. It would be well to know whether, with the apparent advantages of this mixture, safety can be insured, and the queries of the Boston Society include ether in whatever way combined.

It is hoped that the circular will be replied to by all who are cognizant of cases in which death has been attributed to the inhalation of sulphuric ether.

Boston, Massachusetts, U. S.

The question of the entire immunity from danger which is claimed for anæsthesia produced by ether, being still under discussion, the Boston Society for Medical Improvement has appointed the undersigned a committee "to investigate the alleged deaths from the inhalation of *sulphuric ether*, and to report thereon."

They would, therefore, request the medical profession, or any person into whose hands this may fall, to communicate to either of them such cases, coming within their own observation, as shall serve to this end, giving the place, time, and circumstances of their occurrence, with the mode of inhalation adopted, and especially information in regard to the following points:

1st. *The kind of ether used, whether pure sulphuric ether, chloric ether, or ether combined with chloroform.*

2d. *The period after inhalation at which death occurred.*

Also, any other facts which may enable them to form an opinion on the subject of their investigations.

Richard M. Hodges, M. D.,
George Hayward, M. D.,
Solomon D. Townsend, M. D.,
Charles T. Jackson, M. D.,
J. Baxter Upham, M. D.

February, 1861.

Correspondence.

MASSACHUSETTS CORRESPONDENCE.

Boston, March 8, 1861.

Messrs. Editors:—The Annual Commencement of the Massachusetts Medical College occurred on Wednesday last, at the College in North Grove street. The exercises were satisfactorily conducted, and reflected great credit on those participating. They were in the following order:

Prayer, by Prof. A. P. Peabody, D.D.

Dissertations selected for public reading:

1. Hospitals—Francis Henry Brown, Boston.
2. Scarlatina—William Caldwell Flowers, Halifax, N. S.
3. Pleurisy—William Henry Weed Hinds, Tewksbury.
4. Insanity—Francis Le Baron Monroe, Medway.
5. L'Homme—considéré sous le rapport du Physique et du Morale—Norbert Provencher, Worcester.
6. Anæmia and Chlorosis—William Edmond Rice, Boston.
7. Transfusion of Blood—Theron Woolverton, Grimsby, C. W.

Conferring of Medical Degrees by the President of the University.

Address by Prof. George C. Shattuck.

The members of the graduating class, the present year, were forty-nine in number.

Among the distinguished gentlemen present, were Gov. Andrews, Ex-Gov. Washburne, and Ex-Gov. Clifford.

The exercises were concluded by an address to the students by Prof. George C. Shattuck, who spoke first of the work which had been performed during the year, of the manner in which it had been done; and, secondly, a word of exhortation and counsel to the young men who had just graduated.

Prior to the exercises, the Overseers of Harvard University held a meeting, and appointed the following gentlemen a committee for visiting the Scientific School:—Winslow Lewis, M.D., Emory Washburn, LL.D., Nathaniel B. Shurtleff, M. D., Hon. John H. Clifford,

LL.D., Jacob Bigelow, LL.D., James Hayward, Esq., John M. Fessenden, Esq., Ezra Lincoln, Esq., Capt. B. S. Alexander, U. S. A., George H. Gay, M. D., Samuel Cabot, Jr., M.D., James R. Wellman, M. D. M.

Boston, March 11, 1861.

Messrs. Editors:—The report of the Board of Trustees of the Massachusetts General Hospital for the year 1860, has just been published, together with a detailed report of the resident physician of the hospital and the superintendent of the McLean Insane Asylum. The expenses for the year have been $42,578 39 for the hospital department, and $67,750 77 for the asylum; total, $110,329 16. The total receipts are:—For the asylum, for board of patients, $62,712 67; from farm, $2,312 54; from "fund to aid indigent insane," $4,123 23. For the hospital, board for patients, $5,209 85; income from "fund to support free beds," $14,167 37; from subscription for free beds, $3,024; from the Massachusetts Hospital Life Insurance Company, one-third of the annual division of profits, $5,000; one-third of extra division of profits for five years, $15,000; from all other sources, $3,346 33; total, $114,896—leaving a surplus of $4,567 84. There would, however, have been a deficit if there had not been an extra dividend of the Insurance Company.

The free patients treated at the hospital were 1,137; for an aggregate of 5,585, at an expense of $36,148; income from endowments and subscriptions to support free beds, $17,192 37—leaving $18,955 69 to be charged to the general fund of the corporation. The average cost of each patient at the hospital was $6 42 per week; at the asylum, $6 68 per week.

The property of the corporation, January 1, 1861, was land and buildings of the asylum, $317,862 35; of hospital, $289,209 99; stocks, bonds, &c., which are productive, $258,330 36. The funds which are included in the last item are these:—"To support free beds at the hospital," $183,747 48; library, $6,000; for indigent insane, $50,520.

The hospital has never been filled. The greatest number ever admitted in one year was 1,240. In case of need, however, the number might be increased to 1,700, if the income was as large as the expense.

During the year, 1,240 patients were admitted to the hospital, 698 were discharged well, 305 relieved, 78 not relieved, 39 not treated, and 121 died. Whole number treated, 1,394; under treatment, December 31, 136.

Dr. S. L. Abbott, physician to "out-patients," has attended 4,271 patients during the year.

The library (known as the Treadwell Library) is in good condition. It contains 2,534 volumes, which are very valuable for consultation to the profession generally.

The asylum was opened October 6, 1818. Up to December 31, 1860, there had been admitted to it 4,702 insane persons, of whom 2,169 have been discharged cured, 1,729 much improved, and 569 have died.

The hospital was opened September 3, 1821, Up to the same date, there had been admitted 23,351 patients, 11,225 of whom have been discharged cured, 6,493 relieved, 194 not relieved, 984 not treated, and 2,237 died; to which may be added 15,715 patients (outside) who have received advice and treatment during that time.

No suitable applicant was refused admission to the hospital last year. The number of applicants refused was 257. The hospital is capable of accommodating 180 patients. The largest number that have ever been in the hospital at any one time was 175.

During the year, an additional legacy of $10,000 has been received to the "free bed fund" from the estate of Jonathan Phillips. William J. Bowditch, Esq., gave the amount of his bills for professional services, $274 25.

The trustees have bought five acres of land adjoining the grounds of the asylum, and they say that a new cottage there for female patients has become a necessity, and it will probably be built this year. The bad atmosphere caused by the "filling up" of flats near the hospital grounds was very offensive at times during the year.

During the year, there were admitted to the asylum 121 patients, of whom 39 were discharged cured, 17 much improved, 20 improved, 9 not improved, and 20 died. Whole number under treatment at the close of the year, 189.

I shall give you an abstract of the detailed reports of the physician and superintendent in my next. They are of full interest.

DIPHTHERIA AND SCARLATINA.

Two cases of diphtheria, resulting in paralysis of the lower extremities, are reported in Essex. Both persons are unable to walk, or even stand on the floor.

Scarlatina has made its appearance in the country. In Natick there have been three deaths in one family, and three other members of the same family have the disease.

Dr. J. P. Hodgdon, of this city, died on Tuesday night last of diphtheria, after an illness of six days. It seems that the doctor had been treating, some three weeks since, two sisters who died of diphtheria. A brother of the deceased took the disease while attending upon the sisters, but was successfully treated by Dr. Hodgdon and is now in good health.

A GOOD "MOTION!"

A motion was lately made in the Senate to adopt an order for the repeal of a portion of the general statutes so as to except one horse, owned by any physician, from taxation, which was lost by a vote of 12 to 18. The New Bed-

ford paper remarks:—"The vote shows what proportion of our people fairly appreciate the labors and services of a hard-working doctor."

THE BEARD QUESTION.

I came across the following article in one of our daily papers the other day, and having seen so much in your journal on the "*beard question*," I thought I would place it before your readers.

The Throats of the Clergy.—A correspondent of the London *Times* writes:—"Medical men recommend all public speakers who have a tendency to 'relaxed uvula,' 'clergymen's sore throat,' or 'aphonia clericorum,' to let the beard grow under the chin, and I cannot recall any one case of this complaint where this treatment was adopted, while all which I remember happened to clergymen either beardless or shaven under the chin. Again, when the exposure to wind and weather, to which the active clergyman submits in the discharge of his duties, day and night, is taken into consideration, I think no reasonable man or woman can refuse us the use of the protection which Providence has given us. The parson in the Yorkshire moors, the eastern county fens—loved home of piercing east winds—the woods of Gloucestershire, or the chalky hills of the Southdowns, as he wends his way through lanes bounded by hedges no thicker than tooth brushes, or over country with no hedges at all, is victimizing himself, not to do his duty, but to the absurdities of fashion, and brings on himself all sorts of thoracic and pectoral woes every time he shaves. Possibly the Bishop of Rochester thinks a woolen comforter a sufficient substitute for nature's own covering; but the fact is that more colds are caught with a comforter than without. It chafes, and so produces an artificial heat, and often a great perspiration, and then a draught or chill comes, or the comforter gets loose, and a cold follows; while, if the mouth is covered, the breath is driven inward and dampens the neckcloth, and so we get a sore throat. I heard from a laboring man, a week ago, a striking argument in favor of beards. He used to spit blood, and was in a bad state of pulmonary disease. Last spring he ceased to shave; since then he has not only not spit blood but gained over thirty pounds of flesh in weight. How many consumptive clergymen might now be strong and useful if they had had equal wisdom!"

It seems they are discussing the *beard question* in Old England.

Mortality of the Week.—The number of deaths reported for the week is 74, the same number as last week—phthisis, 14; small-pox, 1; diphtheria, 3; brain disease, 6; lung diseases, 5; liver complaints, 3.

Sixteen of the deaths were children under one year of age, and 31 under five years. Three were over 80 and one over 90. Twenty-nine were Americans and 45 were foreigners. Seventy-two were white and two colored.

City Institutions, 0; Massachusetts Hospital, 1; Rainsford Island Hospital, 3. M.

Philadelphia, March 14th, 1861.

Messrs. Editors:—"A Good Site," noticed in your last number, indicates that a Presbyterian Doctor will meet a welcome reception, and have an opportunity of doing a *site of good* in Corsica; but will your Mr. Kelly, or Mr. Rodgers, inform us whether a *poor sinner* of a Doctor, one who has had a *large experience* with the world, and would have no objection to relate it before the elders of the church, and who desires to retire to a *small* living—whether such an one would have any chance of success in the village of Corsica of one hundred and fifty inhabitants? As his chief object is a *living*, he would be willing, professedly at least, to *die* to the world, and join the Presbyterian Church, if he can secure the patronage of its *three hundred members of the congregation!*

As it is only necessary in order to obtain this valuable opening to be "a physician of some experience," and withal a Presbyterian by membership, I presume it is a matter of indifference as to what school of medicine the applicant hails from, or whether any school at all.

I would beg leave, however, to inquire further, before I venture to accept, if the "good office and dwelling," which "can be had on reasonable terms," belongs to a member of the Presbyterian Church, and if so, what are the terms to a *stranger*, whom the Church would be willing to *take in*, provided he would accept this very *desirable place*.

An early answer is solicited before I make up my mind to join the Episcopalians or Catholics.

Yours, &c., Wide-Awake Doctor.

NEWS AND MISCELLANY.

Sudden Whitening of the Hair.—The question of the sudden whitening of the hair is a disputed one, notwithstanding the numerous facts said to be attested in the affirmative. Physiologists, generally, incline to a belief in the sudden change of color; and many curious theories are adduced to account for it.

We have sometimes seen the hair on patient's heads totally change in color, near to the roots, at least, from a black to a silvery white, or even to a brickdust red, but our credulity has been spared a stretch by detecting the previous customary use of *hair-dye*, and supposing that during an illness its use was not very convenient. This is, we are aware, spoiling the poetry of the

transition, and we would not thus accuse the Prisoner of Chillon, who said:

"My hair is gray, but not with years,
Nor grew it white in a single night,
As men's have grown from sudden fears."

But our unpoetical theory would not account for the change as rapidly as Scott says it can take place:

"Danger, long travail, want and woe,
Soon change the form that best we know;
For deadly fear can time outgo,
And blanch *at once* the hair."

The best-authenticated instance of sudden whitening of the hair is the following, which has recently appeared:

"A correspondent of the London *Medical Times* having asked for authentic instances of the hair becoming gray within one night, Mr. D. P. Parry, Staff Surgeon at Aldershott, writes the following very remarkable account of a case of which he made a memorandum shortly after the occurrence:—'On Friday, February 19, 1859, the column under Gen. Franks, in the south of Oude, was engaged with a rebel force at the village of Chamba, and several prisoners were taken; one of them a Sepoy of the Bengal army, was brought before the authorities for examination, and I, being present, had an opportunity of watching from the commencement, the fact that I am about to record. Divested of his uniform, and stripped completely naked, he was surrounded by the soldiers, and then first apparently became alive to the danger of his position; he trembled violently, intense horror and despair were depicted on his countenance, and although he answered the questions addressed to him he seemed almost stupefied with fear. While actually under observation, within the space of half an hour, his hair became gray on every portion of his head, it having been, when first seen by us, the glossy black of the Bengalee, aged about 54. The attention of the bystanders was first attracted by the sergeant, whose prisoner he was, exclaiming, 'He is turning gray,' and I, with several other prisoners, watched its progress. Gradually, but decidedly, the change went on, and a uniform grayish color was completed within the time named.'"

Physicians in the United States.—According to the Nashville *Medical Journal*, the number of physicians in the United States, amounts to 40,481. In Massachusetts there is one physician to 605 inhabitants; in New York, one to 611; in Pennsylvania, one to 561; in North Carolina, one to 802; in Ohio, one to 465; in Maine, one to 884; and in California, one to 860. These facts may be of interest to recent graduates.

Dr. Geo. S. Walker, of St. Louis, having become a homœopath, has been expelled from the St. Louis Medical Society.

The Chemist to his Love.

I love thee, Mary, and thou lovest me—
Our mutual flame is like th' affinity
That doth exist between two simple bodies;
I am potassium to thy oxygen.
'Tis little that the holy marriage vow
Shall shortly make us one. That unity
Is, after all, but metaphysical.
O, would that I, my Mary, were an acid,
A living acid; thou an alkali,
Endowed with human sense, that, brought together,
We both might coalesce into one salt,
One homogeneous crystal. Oh! that thou
Wert carbon, and myself were hydrogen;
We would unite to form olefiant gas,
Or common coal, or naphtha. Would to heaven
That I were phosphorous, and thou wert lime!
And we of lime composed a phosphuret.
I'd be content to be sulphuric acid,
So thou might be soda. In that case
We should be Glauber's salt. Wert thou magnesia
Instead, we'd form that named from Epsom.
Couldst thou potassa be, I aquafortis,
Our happy union should that compound form,
Nitrate of potash—otherwise saltpetre.
And thus our several natures sweetly blent,
We'd live and love together, until death
Should decompose our fleshy *tertium quid*,
Leaving our souls to all eternity
Amalgamated. Sweet, thy name is Briggs,
And mine is Johnson. Wherefore should not we
Agree to form a Johnsonate of Briggs?
We will. The day, the happy day, is nigh
When Johnson shall with beauteous Briggs combine.

Punch, and Nashville Journal.

When Hannibal was engaged in his seige of Rome, the citizens, to show their sense of security against his assaults, and their contempt of his vain efforts, bought and sold the ground upon which his army was encamped, at or even above its previous rates in the market. So it is now with regard to the little grounds of truth upon which the many false systems of medical doctrine, which attempt the hopeless task of overturning legitimate medicine, are encamped. We shall not abandon those truths, but hold them in equally as high estimation as though they had never been defiled or dishonored by the footstep or grasp of any short-lived delusion, or evanescent cheat, clad in the attire of medicine.—*Chicago Med. Journal.*

Dr. P. Bryce, formerly Assistant Physician at the South Carolina State Asylum at Columbia, has been appointed Superintendent of the new Alabama State Hospital for the Insane, located at Tuscaloosa.

A Remarkable Surgical Case.—A Paris correspondent says that at a late meeting of the Academy of Medicine an extraordinary surgical case was related by M. Jobert de Lamballe, as having recently been treated by him at the Hotel Dieu, one of the public hospitals of Paris. During the war in the Crimea, a French soldier, serving in the trenches before Sebastopol, was struck by a Russian ball upon the *os frontis*, making a hole about the size of a franc piece. He fell immediately, and was taken to the hospital, where he remained for twenty-four hours in a condition of utter insensibility. A few days after, however, he returned to the trenches and finished the campaign, and came back to France at its conclusion. Since then, however, he has frequently found it necessary to go upon the sick list, complaining of pains in the head and vertigo—and there has been an almost continual suppuration around the fracture. Before his entering the Hotel Dieu, M. Jobert states that he suspected the presence of some foreign substance, and that upon sounding for it, he found the ball, and proposed to the patient to extract it, to which he willingly consented, and the ball was taken out, after having remained in his head twenty-nine months. The ball weighed twenty-five grammes, (a little less than an ounce,) and was found resting upon the *dura mater*, surrounded by a hard, blackened blood. It was flattened in some places, which gave reason to believe that it had made several *ricochets* before striking the soldier, which, of course, broke the force of it considerably. The operation has been a complete success. The patient is now in excellent general health, and no longer complains of the pains in the head, which have troubled him ever since he received the wound.

Dr. Cyrus Ramsey issues the following card:

To the Practicing Physicians of New York.—I purpose giving, for the benefit of the medical profession and others interested in sanitary science, the age, sex, and nativity of persons dying in this city, in 1861, from the most prevalent diseases, and, also, to give the number and street where such deaths occur—thus affording an opportunity to ascertain the portions most detrimental to health. In pursuing this laborious undertaking, I most respectfully ask physicians to be more definite in giving the number and street, particularly in the upper portion of the city, where the numbers run east and west. It frequently happens that the distinction of east and west is omitted on the certificate entirely, and hence mistakes follow. Some wards will show a greater mortality than justly belongs to them, and others less.

I perform this work in addition to the regular duties of my office, and therefore trust that my medical brethren will give me their assistance.

Cyrus Ramsey, M.D.,
Register of Records.

"Infamous Quackery."—Quackery loses none of its impudence. There is no class of men who exhibit such a fertility of expedients, involving such a total depravity of moral sense, as those who engage in the unholy business of manufacturing and making a market for quack medicines. Some time since we referred to the case in Williamsburg, New York, of a quack who, assuming the title of a minister of righteousness, actually publishes a *religious newspaper* with a name, (not his own,) with "D. D." appended to it as editor, who, in leading editorials, piously speaks of the benefactions conferred on the human race by a bountiful Providence in the shape of "Brother ———'s" wonderful medical discovery, while other portions of the quasi "religious" paper is filled up with selected religious articles!

In the *American Journal of Pharmacy*, the editor speaks, as follows, of a case which illustrates the infamous character of this class of men:

"It is said of some poisons, that when taken in an overdose, the emesis they excite proves the safety of the subject. So of quackery. In some of its forms it is so self-evidently false and disgusting that all reasonable persons will at once reject its assaults. Our attention was recently called by a friend to a handbill from a quack of this genus, purporting to be a "veil-Doctor," with astonishing natural powers. After various statements of his ability, he has the assurance to declare that he appeared before the National Medical Convention of 1860 at Washington, for the revision of the Pharmacopœia and demonstrated his remarkable powers. He then refers for information to a list of names of physicians and pharmaceutists of New York and Philadelphia, among the rest our own, who were there in attendance, and which he probably extracted from the preface of the U. S. Pharmacopœia. It need hardly be said that the whole affair is false, and that the use of names in this manner, for a false pretence, would subject the rascal to legal action under the proposed new law of Pennsylvania."

American Medical Association.—The fourteenth annual meeting of the American Medical Association will be held, in Metropolitan Hall, city of Chicago, commencing on the *first* Tuesday in June next.

Each regularly organized Medical Society is entitled to send one delegate for every ten of its members; and each Medical College is entitled to two delegates. It is desired that the names of delegates should be forwarded to the undersigned, as soon after their appointment as practicable.

H. A. Johnson,
Assistant Secretary.

Chicago, Feb. 1st, 1861.

Chemical History of a Candle.—A brief notice of the interesting course of lectures recently delivered by Professor Faraday, at the Royal Institution, will, doubtless, be acceptable to many readers of this journal. Though specially addressed to boys and girls, our great philosopher's exposition of the phenomena of a burning candle astonished and delighted "children of larger growth," even those familiar with the results of scientific research. In his first lecture Faraday thus defined the position which he intended to take throughout the course:—"Though our subject be so great, and our intention that of treating it honestly, philosophically, and seriously, yet I mean to pass away from all those here who are seniors. I claim the right of speaking to juvenile as a juvenile myself. I have done it on former occasions, and if you please I shall do it again. And though I know that I stand here with the knowledge of having the words I utter given to the world, yet that shall not deter me from speaking in the same familiar way to those whom I esteem nearest to me on this occasion." We sincerely hope that the Professor will for many years to come deign to play the part of a juvenile, and bring before the rising generation those grand truths of science which he has so materially helped to establish.

In our limited space we can only touch upon the chief phenomena of a burning candle, and describe a few of the ingenious experiments which the great master of chemical manipulation exhibited to his young friends. We shall treat the whole course as though it were one lecture, for the division of the subject into six parts could not render the notice more interesting, though it would necessarily increase its length.

What are candles made of? To enable his audience to answer this question, Faraday exhibited specimens of almost every variety of candle, from the splinter of candle-wood, taken out of the Irish bog, to the semi-transparent and delicately-tinted pillar of paraffin or stearine which is now used as a source of light. Some of these specimens attracted particular attention. There was a candle which had been obtained from the *Royal George*, and though it had been subjected to the action of salt water for many years, it still retained its light-giving properties. There were the miners' candles formerly used in coal-pits, some so small that sixty went to the pound. There were modern candles, beautifully shaped and colored; some of these were fluted pillars, others were ornamented with raised flowers, and those which depended upon color rather than form for beauty, were tinted with mauve, magenta, and all the chemical colors which have been recently introduced. Having explained the manufacture of candles, the lecturer lit one or two specimens, and called attention to the form of the flame, and to the beautiful cup filled with melted tallow beneath the flame. He showed that this cup was formed by a fine uniform ascending current of air upon all sides, which kept the exterior of the candle cool, and explained how the melted tallow got out of the cup up the wick into the place of combustion. As an illustration of the force which causes the tallow to ascend, he placed a column of salt on a plate, and poured into this plate a saturated solution of salt, colored blue, when the liquid at once commenced to creep up the salt, and eventually reached the top. Another simple illustration of the capillary attraction was afforded by a bit of cane, one end of which was dipped in camphine, and when the spirit had passed through the pores of the cane to the upper extremity, it was lighted there, and a sort of candle was formed. In examining the flame of the candle, the lecturer made use of the electric lamp to project its shadow on a screen, and thus exhibit the ascending current of hot air which drew out the flame, supplied it with oxygen, and cooled the sides of the cup of melted fluid. To prove that the flame was hollow, he introduced the extremity of a bent glass tube into the middle of it, and allowed the unconsumed vapor to pass through the tube into a flask. Having satisfactorily demonstrated the combustible nature of this vapor by applying a lighted taper to it, he arranged another tube in the flame, and succeeded in lighting the vapor which issued from the orifice of the tube, at a considerable distance from the flame. "Talk about laying on gas!" he said; "why we can actually lay on a candle!" The products of combustion were then touched upon by the lecturer. He showed that water was produced by the union of the oxygen of the air with the hydrogen of the flame, and carbonic acid gas by the oxidation of the carbon. The beautiful series of experiments with which he illustrated his observations on the composition of water and atmospheric air were so carefully arranged, that one seemed naturally to lead to the other, and the youngest philosopher who attended the course could not miss the thread of the delightful story of the candle. The heads of Faraday's discourse—the chapters, so to speak, of this wonderful story—may here be given, as they will enable the reader to form some idea of the greatness of the subject treated:—Candles, the materials of which they are composed and the process of manufacture. The Flame, its sources, structure, mobility, and brightness. Air necessary for combustion. Production of water during combustion. Nature of water. Hydrogen gas. Nature of the atmosphere. Nitrogen. Carbonic acid another product from the candle; its peculiar properties. Carbon or charcoal. Coal gas. Respiration and its analogy to the burning of a candle.

The Professor concluded his course with the following kind words addressed to his young friends: "All I can say to you at the end of these lectures is to express a wish that you may, in your generation, be fit to compare to a

candle; that you may, like it, shine as lights to those about; that, in all your actions, you may justify the beauty of the taper by making your deeds honorable and effectual in the discharge of your duty to your fellow-men."—*Chemist and Druggist, Feb. 15th.*

The examination of a quack doctor before an English court lately caused some amusement. The *Chemist and Druggist* says he stated in his evidence:—"The bottle produced is the one I gave to the deceased. The label upon it represents it to be 'concentrated decoction of red Jamaica sarsaparilla.' I never saw any but one kind of sarsaparilla. As to specifying it as 'red,' I bought the labels ready printed. The bottle does not contain one particle of sarsaparilla. It contains iodide of potassium, but in what proportion I cannot swear, as I did not weigh it. I just make it up, when wanted, by guess. I understand iodide of potassium is made from kelp, but I don't know whether it can be made from anything else or not. When administered it will make the nose run, but it won't make a sore leg run away. I think it was good for ulcers, such as those of the deceased; but I don't know why or wherefore."

Bœttger's Method of Bleaching Sponge.—The softest and cleanest sponges are selected, washed, and squeezed out repeatedly in water. They are plunged in dilute hydrochloric acid, (1 part of acid and 6 parts of water,) in order to separate the calcareous matters. This immersion is for one hour. They are then carefully washed, and plunged into a second bath of dilute hydrochloric acid, prepared as the first, except that there is added 6 per cent. of hyposulphite of soda dissolved in a little water. The sponges are suffered to remain in this bath for twenty-four hours. A final washing with water removes the chemical substances, and the sponges acquire by this method a beautiful whiteness.—*Rep. de Pharmacie.*

Pharmacy in Pompeii.—The excavations at Pompeii have just been recommenced; and we find it stated in the *Athenæum*, that amongst the first objects discovered were some jars and utensils of a druggist's shop.

Surgeon W. Sloan has been ordered to repair to Fort Columbus, and relieve Surgeon C. H. Lamb in his duties at that post; the latter, on being relieved, has been directed to report to the Surgeon-General for instructions.

Dr. Vermeule, of New Market, New Jersey, in a temporary fit of insanity committed suicide, recently, by throwing himself across the track of a railway.

Dr. Jenner has been appointed Physician Extraordinary to Queen Victoria, in place of the late Dr. Baly.

Commencement Exercises.—The Annual Commencement of the Jefferson Medical College took place on Saturday last. Hon. Edward King, LL.D., President of the institution, conferred the degree of Doctor of Medicine on 186 graduates. Of this number, 109 were from slave States, and 77 from free States.

Professor Dunglison, Dean of the Faculty, cordially congratulated the class on the distinction they had attained. The valedictory address was delivered by Prof. Thomas D. Mitchell.

The Jefferson College had 443 matriculants this year.

The Commencement exercises of the Medical Department of the University of Pennsylvania were held on Thursday of this week. The Chancellor, Rev. Dr. Goodwin, conferred the Degree of Doctor of Medicine on 175 graduates. Of these, 84 were from the free, 87 from the slave States, and 4 were from foreign countries.

The valedictory address was given by Prof. Rogers.

This department of the University had 465 matriculants.

It will be seen from the above, that in spite of the troublous times in the political and financial worlds, the great medical schools of this city have had a very successful season.

The Annual Commencement of the Philadelphia College of Pharmacy was held on Thursday evening. The degree of Graduate in Pharmacy was conferred on forty young men.

A Prolific Philosopher.—A French savant, named Tiraquea, is said to have given every year a child to his family and a book to the public. He had thirty children, was a native of Poitou, and one of the greatest men of his time.—*Nashville Journal.*

At the commencement of the St. Louis Medical College, held on the 22d ult., the degree of Doctor of Medicine was conferred on 52 young men. The valedictory was delivered by Dr. Charles W. Stevens.

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☞ Many of our readers are now laying in their stock of Medicines, Instruments, etc., for the year. We would refer such to the advertising columns for reliable men to deal with. Those wishing saddle-bags, medicine chests, etc., can be accommodated by Migeod, 27 South Eighth street, corner of Jayne, or by Bullock & Crenshaw, Sixth street, above Arch, who can also furnish the *best quality of drugs, medicines, etc.* Kolbé, Ninth, above Chestnut street; Gemrig, Eighth street, opposite the Reporter office; and Helmbold, opposite the Jefferson Medical College, make their own instruments, as well as import foreign ones, and are all worthy of patronage. Country doctors must have Dental Instruments. Klein, 22 North Eighth street, can supply them. Orders may be sent through this office.

Interesting Scene at the Jefferson Medical College, Saturday, March 9th, 1861.—At eleven o'clock, on Saturday morning, previous to going to Musical Fund Hall to celebrate the Commencement, the Faculty of the College, with the trustees and the students of the Graduating Class, assembled in the large hall of the College, the occasion being the presentation by the Class to Professor Charles D. Meigs of a handsome portrait of himself, painted by Mr. Waugh, of this city.

The portrait was presented on behalf of the Class by Mr. Mitchell Picot, of this city, who, in a neat and appropriate address, alluded to the occasion which had called forth this token of esteem, the withdrawal of Professor Meigs from the position which he has so long occupied with honor to himself and the College.

To which Prof. Meigs responded substantially as follows:

Mr. Picot and Gentlemen of the Class:—I should be the most insensible of persons if I did not receive with deep feeling and lively sensibility, this expression of your favor and affection for me.

I therefore accept, with heartfelt gratitude, the present you make me to-day of a portrait, which you ordered to be painted through a committee of your own, by my friend, Mr. Waugh.

It seems to me that, in accepting this present, I have a just right to think that you have paid a compliment not to me alone, but to my colleagues, with whom I have so long and heartily co-operated in this institution in contributing my share to the instruction which this great institution is capable of communicating to those who assemble here from all parts of the world. This compliment, therefore, is paid not to me alone, but to the whole institution and to my worthy colleagues, from whom, in consequence of failing health and increasing years, I have been obliged to separate myself, depositing again in the hands of the trustees the commission which, twenty years ago, they saw fit to entrust to my keeping. In my own name, I thank you from the bottom of my heart.

I never can forget this occasion. I am about to retire from the world, and I do so with feelings of regret that I can no longer perform my part in it, as I have done, for, in all, some fifty-two years have elapsed since I joined myself to the profession of medicine.

I accept your gift as an omen of good for myself; I take it as an omen of good for you, for all of us, for students of medicine everywhere, and in all time, for all institutions for the promotion of medical learning.

You have this day, gentlemen, issued a proclamation of encouragement, and offered a reward for diligence to all public instructors of medicine, wherever they may be called, to spread abroad knowledge among men. What you have done to me this day is such a testimony as would gratify the desire of every man who endeavors to do his duty to you and to the world.

I accept the omen as for you, for you are this day to pass from the stage of the student's life, to the great stage of the world, in which a sacred office is about to be conferred on you. This venerable institution will, to-day, by a public and solemn ceremony, induct you into the society and rank of the physicians of America, and your happiness and your success will be enhanced by whatever may serve as commendation and encouragement from any, even the least of your brethren and colleagues in medicine, of whom I have become one of the least, though I am so honored by the present you have made me to-day.

The more faithfully you profit by the scientific, moral, and technical instruction you have reaped in the halls of the college which will to-day adopt you into the family of her children, the more will you love her as your alma mater, and the higher raise her in the estimation of the people.

You and I to-day become brethren in the literature, the science, the art, and the morals of our profession. Let us preserve them clear from blemish as long as we live, and by our whole lives, efforts, and conversation do all we can to render this institution, which has adopted us, more worthy of our most affectionate love and respect.

The Best Deodorant.—I know of no deodorant so instantaneous and powerful in its action as chlorine in some shape or other. In my own practice I always use the "liquor sodæ chlorinatæ" of the London Pharmacopœia. One part of this to twelve parts of distilled water makes a deodorant lotion sufficiently strong for all ordinary purposes. After amputation, by frequently wetting with this lotion the piece of linen thrown over the end of the stump, and the material (whatever it may be) put to catch the discharge, all smell may be prevented. Again, by pouring a little of the said lotion into the bed-pan before it is used, the fæces may be passed and removed from the chamber with their smell completely neutralized. An objection sometimes urged against the use of chlorine, is its own disagreeable odor, the remedy being to some persons as offensive as the evil it is intended to cure; but the truth is, that the smell of chlorine becomes perceptible only when there is no effluvium to destroy—directly the chlorine comes in contact with any effluvium, it enters into chemical combination with its hydrogen, and loses all smell. If, therefore, the strength of the lotion is judiciously proportioned to the intensity of the smell, the poison, of course, must neutralize the chlorine just as much as the chlorine does the poison. Thus,

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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Skin Diseases, Illustrated with Cases. Delivered at the Pennsylvania Hospital, March 13, 1861.

By Francis G. Smith, M. D.,
Attending Physician.

As we have in the house a number of cases of diseases of the skin, illustrative of several varieties of those affections, I will take advantage of the opportunity, and bring several of them before you, and make them the basis of some clinical remarks on this interesting, and often complicated, subject.

The first patient is a man, born in France, who has always enjoyed very good health until about four months ago, when he was attacked with slight superficial red spots on different parts of the body, upon the face, upon the trunk, and upon the extremities.

These spots were but slightly elevated above the general surface of the skin, and were attended with very little itching, and very little inconvenience beyond that of a slight tingling sensation. Very shortly after this he found the superficial red spots covered with a scaly desquamation, and a slight exfoliation of the cuticle took place over these points in various parts of the body.

The disease, thus manifesting itself, constitutes one of those forms of cutaneous disease known as *pityriasis*, so called from the Greek word πιτυρον (bran.) It is not so well marked on the patient's face, as it was when he first came into the house, in consequence of the local applications which have given it its present soft and unctuous appearance. On his head it is seen in the form of *pityriasis capitis*, (Willan,) commonly described as *dandruf*, and it is the same expression of disease met with in other parts of his body. There is the same erythematous redness on the surface of the scalp, some little elevation of the skin, and the same bran-like desquamation of the cuticle over each point. In the scalp these bran-like scales sometimes overlap each other, as in the case of this patient, like the shingles on the roof of a house, and in many persons the disease is confined to this portion of the body, prevailing to a very distressing extent without any evidence of it in any other part of the body.

This is a variety of the classification of Willan, (one of the most convenient of the various classifications of skin diseases,) and coming under the order of squamæ of that dermatologist.

There did not seem to be, in this case, any hereditary taint, but it is probably dependent on something connected with the occupation of the man, which is that of a tailor, and also somewhat dependent upon the nature of his diet, which has probably been of an irritating character, which two circumstances have doubtless been the instrumental causes in developing the disorder.

In regard to its diagnosis, from the description given of its inception, and the peculiar bran-like or mealy desquamation, there cannot be much difficulty.

In the treatment of this affection, there are two directions which must be borne in mind; one is the relief of the constitutional disorder, and the other, the relief of the local disorder; and, perhaps, there may be also a third indication which tends to the restoration of the tone of the system.

Diseases of the skin are but the signs indicating the presence of an unhealthy condition of the blood, the signs by which the presence of an enemy in the system is to be recognized, and if they are treated simply as local disorders, the symptoms may be palliated for a time, but the cure of the disease will never be complete until the *blood disorder* is removed.

In treating these diseases therefore we direct our attention to the digestive organs, endeavoring to keep up a gently soluble condition of the bowels, by the administration of antacids and tonics, by strictly regulating the diet, and the avoidance of all irritating food, and also by the administration of remedies which shall have the effect of eliminating from the blood that poison which most probably originally arose from mal-assimilation.

In the case before you we therefore, direct a purgative of some of the alkaline salts, and intend at the same time to see that his diet is carefully regulated, and in conjunction with this, we will endeavor to eliminate from his system the poison on which his disease depends, by the administration of diuretics in the shape of the acetate and carbonate of potassa.

To relieve the local disorder we will apply some unguents, in the shape of simple lard, with a little borax mixed with it; or, what is better, the benzoated lard, with a small quantity of borax, or some astringent, as the acetate of lead, mingled with it.

There is much prejudice with some persons with regard to the application of ointments to the skin. The objection arises, not so much from any ill they may be capable of doing themselves, as from the injudicous manner in which they are applied.

The ointments kept in our drug stores, and, perhaps, those which lie on the shelves of country practitioners, are very frequently not in a condition to be applied for therapeutical purposes. Ointments are very apt to become rancid from being kept, and if these rancid materials are applied to the skin, instead of having the expected soothing influence, they will act rather as irritants.

They can, however, be preserved for a long time, and their good effects still be insured, by a careful admixture in them of small quantities of the powdered gum benzoin, or if the lard out of which the ointments are made is benzoated, they will not only keep well, but will also have a very good therapeutic influence upon diseases of the skin. This may be accomplished by taking ten grains of the powdered gum and mixing it with melted lard and filtering it through paper, which will preserve it, and at the same time also impart to it a pleasant odor. The benzoated lard may then be medicated with any substance that it is desirable to employ as a local application.

Moreover, a great deal of the benefit derived from these applications is often owing to the mode of employment. Even when the proper article is used, many persons satisfy themselves with smearing a cloth with the ointment, and laying it on the surface, which method will often disappoint the expectations of the practitioner.

The proper mode of application is either by means of the finger gently applied, or, better still, by means of a soft camel's hair brush, large enough to hold a considerable amount of the ointment, which should be carefully applied over the surface and pushed in with the soft point, until it fairly reaches the diseased surface.

This not only acts as a smooth unguent, but it prevents the irritating influence of the atmospheric air, and keeps the skin beneath supple and soft.

I have also directed the patient to have a warm bran bath. This is itself soothing, its mucilaginous properties are given to the water, and it thus tends to relieve the distressing itching which sometimes greatly annoys the patient.

Many persons, in using the bran bath, will throw the bran into the bath and mix it with the water. It is true that by this means you obtain the mucilaginous properties of the bran, but it makes the bath itself so repulsive and uninviting, that many persons will hesitate about using it. But, if you take a quarter or half a peck of bran, tie it up in a bag, and throw that into the bath, and as the patient lies in the bath let him move it about, you extract sufficient of the mucilaginous material to obtain all the therapeutic influence it possesses, without rendering it necessary for the patient to leave the bath with the particles adherent to his person.

This plan of treatment has been adopted with this patient. He has been in the house but a few days, and there is already a clearing up of the skin; the furfuraceous desquamation has almost entirely disappeared from his face, and he presents a much more healthy appearance than he did on his admission.

Should the disease resist the treatment which has been adopted, we shall then try some of the constitutional remedies, with the view of securing an alterative action.

The Second Case which I show you, is one belonging to the class of papulæ, or pimples.

This patient (a man) presents an illustration of the chronic form of the disease known by the name of LICHEN, so called from the Greek word λειχην, a roughness of the skin, and classified by Willan as *papulæ*, or *pimples*.

A familiar example of this skin disease exists in the prickly heat, which often occurs in children, and prevails in the summer months, and is attended with extreme discomfort in consequence of the tingling and itching that occurs with it.

This disease is described as originating on the trunk, and coming out in the form of minute pimples not larger than the head of a pin or a millet seed.

The pimples of lichen are described by Wilson as a state of congestion and thickening of the walls of the excretory ducts of the sweat pores, to such a degree as to cause the orifices of the ducts to rise up above the surface of the skin, causing these little elevations known by the name of papules.

After a short time we find the summit of the papule covered with a little bran-like scale, a desquamation taking place. Sometimes this papule is found flattening down at the top, and extending at the base, and a number of them running together to form a patch, (as has occurred in the body of the patient before us,) and in the centre some of the characteristics of another form of disease will be found, to which the name of PSORIASIS is given, which many consider to be a chronic form of erythema, or a chronic form of lichen.

Sometimes these patches extend themselves in a horizontal direction, taking a peculiar ring-like form, giving rise to the name *lichen annulatus*, from the peculiar shape they present. This variety, also, is seen in various parts of this man's body. It is usually presented in the form of single rings, occurring, perhaps, on one portion of the body alone.

Sometimes a number present themselves, running closely together, their margins coalescing, and forming an immense surface, as is also seen on this man's body; the boundary line, where these rings come together, disappearing, and the exterior margin having a distinctly elevated form, as exists also in this case, giving rise to the form known by the name of *lichen marginatus*.

Sometimes these margins will not only present the distinctly defined line, but the boundary lines, disappearing irregularly, will give a peculiar gyrated appearance, like a serpent's track, and this variety is called *lichen serpiginosus*, and this, also, is illustrated in the case before us, so that is a case of *lichen annulatus-marginatus-serpiginosus*.

On the margin of these patches some of these papules may be seen having a furfuraceous desquamation, while in the central portion there is a chronic erythematous condition of the skin, sometimes described as before said, under the name of *psoriasis*.

Psoriasis often arises by elevations, but they are larger than those of lichen, which are small, and distinctly visible to the touch, and desquamate with furfuraceous scales, differing from the hard thick crusts of psoriasis.

Lichen may be confounded, also, with another scaly disease, to which the name of *lepra vulgaris* has been given, which often presents these rounded rings, covered with the white scales, but it differs in this, that as lepra extends it is by enlarging its boundaries, the interior portions of the ring clearing up, and the skin, resuming its normal character in the centre, by which it can be distinguished from psoriasis, or the different varieties of lichen.

Another point of interest presents itself in this disease, and that is the peculiar disposition it shows to arrange itself symmetrically.

Looking at this disease, as it presents itself in the man before you, you find each part of the body is almost a counterpart of the corresponding portion on the other side.

This is one of the peculiarities of skin diseases depending upon the presence of a poison in the blood, and is a curious illustration of that physiological doctrine, so beautifully enunciated by PAGET in his work upon surgical pathology, first put forth by Treviranus, that every part of the body stands to every other part as an excreted product. That every part of the body has a peculiar affinity for some particular constituent of the blood, which it abstracts from it in preference to any other, and to the exclusion of all the other portions of that fluid, and that no other part of the body has the same affinity for the same constituents of the blood, except it be the corresponding portion of the symmetrical half of the body.

This is the doctrine advanced by recent writers on the physiology of nutrition, and the condition of the blood most favoring that process; and the further elaboration of the doctrine asserts that when each part of the body thus abstracts certain elements from the blood for its own nutrition, it leaves the balance of

the blood in the state best fitted for the nourishment of the rest of the body, each portion of which selects from it the materials required, as it courses through the tissues. By this means Paget shows us how the right state of the blood, so essential for nutrition, is maintained.

We have an illustration of this law of nutrition in the phenomena of lead palsy and in the skin disease presenting itself in this man. There is the same affinity for morbid elements existing in the blood as exists in regard to the healthy constituents, and in this manner may be explained the peculiar symmetrical arrangement of the eruption before you.

In further elaboration of this idea, we not only find the symmetrical parts of the body disposed to abstract the same materials from the blood, but parts homologically related to each other will manifest the same peculiarity.

In eczema palmaris, the disease occurs on the palms of both hands, and there is also at the same time a disposition on the part of the same eczematous poison to manifest itself on the sole of the foot; and in the same manner, if the disease is discovered presenting itself on the back of the hand, it will in like manner present itself on the top of the feet, thus illustrating the doctrine of the affinity which exists between certain tissues of the body, or even islets of the tissues of the body, and certain matters existing in the blood, this affinity exhibiting itself by the abstraction from the blood of certain matters in the pathological as well as in the physiological state.

The disease now before us is more obstinate than that presented in the first case, more difficult to cure; yet it is not incurable. We are to treat it not as a local disorder altogether, but we are also to combat the diseased condition of the blood upon which the peculiar condition on the skin depends.

I have directed this patient, who has already gone through with a variety of treatment, to take small doses of arsenic, which acts not only as a tonic, and improves the tone of the digestive organs, but is also capable of acting as an an antidote to those morbid matters, upon whose presence in the blood this peculiar disease depends. He takes five drops of Fowler's solution three times a day, and it is directed that he shall take this preparation immediately after meals, so as to prevent its acting as an irritant; for if it is taken on an empty stomach, it may produce griping, nausea, and gastric uneasiness, and thus defeat the object for which it is administered.

He is also having applied externally a mild unguent, and he takes every night a bran bath.

Should this treatment not be sufficient, we will direct an application consisting of one part of the ointment of the nitrate of mercury, one of tar ointment, and one of sulphur ointment, well rubbed in every night with the end of the finger, so as to produce not only the stimulant effects of the material it contains, but also to produce some further stimulation by the operation of friction.

The Third Case I present you to-day illustrates another papular skin disease, differing somewhat from the last in the size of the papule, and in being attended with intense burning and itching.

This patient, an old man, is laboring under prurigo. It is characterized by larger papules than those of lichen, and by little elevations of the skin, in the form of wheals between these points of eruption.

It came out in the form of colorless elevations, attended with intense burning and itching, so great as to cause the patient to wound his skin with his nails; he tears off the heads of the papules, and then there is found occupying the summit of them a little black spot, due to the presence of a small quantity of blood.

There is, as you observe, a general disposition to thickness of the skin, which has a rough appearance, and between the points there are little wheals or elevations, readily visible.

This is another illustration of the type, as described by Willan as *papules*. The itching which accompanies it is so intense, when the patient retires to his bed and becomes warm, that his rest is destroyed, and the night is spent in fruitless endeavors to obtain relief from the intolerable torment, so that sometimes life becomes almost a burden. Sometimes they describe the itching as though insects were creeping over the surface of the skin, constituting one of the varieties of prurigo, known by the name of *formicans*, (from the Latin word *formica*, "an ant,") because the sensation is as though ants or other insects were creeping over the skin.

This is the patient's second attack; he was in the house two years ago, with the same disease.

His life is an exposing one; he is a stage driver, and has to travel continually, and is ex-

posed to great vicissitudes of temperature; obliged to take his meals irregularly, and to sleep frequently in places where his comfort is not well attended to, etc.

The disease has probably been brought about by these external exciting causes, producing derangement of the digestive organs, and resulting in the development of the morbid material in his blood.

We shall give him remedies calculated to improve the tone of the digestive organs, restore them to a normal action, and then keep the bowels in a soluble condition.

He will be purged with cream of tartar and sulphur. We will regulate his diet, giving him bread and milk for breakfast and tea, and the nutritious kinds of animal food for his dinner.

Every night he will be immersed in a warm bath, and if the itching is very intolerable, as in most instances it is, we will direct him to be sponged after coming out of the bath, with vinegar and water, either tepid or hot, as he prefers it himself.

The Fourth Case which I bring before you, will illustrate the vesicular form of disease of the skin, according to the classification of Willan.

This eruption came out in the form of papules or pimples, attended with some itching, and very shortly afterward filling at their tops with a fluid, constituting what is known in technical language as a vesicle, the fluid in which subsequently becomes somewhat opaque, and then, the skin breaking, and the contents forming themselves into a crust or scab, constitute the disease known by the name of *eczema*, from the Greek word ἐκζεω "I boil out," not so much from the papule or appearance of the vesicle, as from the burning heat which often attends the disease.

The peculiar vesicular character of this disease in the patient before us, has left it, but there are still some of the crusts upon its surface, by which its character can be recognized.

There is a peculiarity in many of these vesicular diseases—a frequent termination in hardening and thickening of the skin, in which there is a disposition to crack and form fissures, which bleed, and give rise to great uneasiness.

There is the same disposition to symmetrical arrangement in this disease, as in the case of *lichen marginatus*, before presented to you.

This case is to be treated by calomel ointment; soothing washes, in the form of mucillage of bran or slippery elm; and, internally, by the use of Donovan's Solution: because, in this patient, there is some syphilitic taint present, and the combination of mercury and arsenic with iodine will suit this complication of the disease better than if he were given the simple arsenic.

The Fifth Case is an illustration of the pustular form of skin disease, the fifth order of *Willan*.

This form presents itself in pustules slightly elevated above the surface of the skin, and ending in a rough, yellowish scale or crust, thus constituting the disease known by the name of impetigo, from the Latin word "*Impetus*," a bursting forth.

It presents itself on the posterior part of this man's neck, and, looking at it closely, some of the pustules are seen still to exist. The diseased parts of the skin have been poulticed, so that some of the pustules have discharged themselves, and these, after a while, will form a thick crust, which will give the disease its characteristic appearance.

This disease ordinarily manifests itself as described, and, perhaps like all the other, may be but an extension of the simple erythema in the first instance; and this fact shows the importance of closely watching these diseases of the skin from day to day, before committing yourself as to their diagnosis, for what is erythema to-day may afterward resolve itself into lichen, or prurigo, or impetigo; and occasionally, indeed, these different varieties run into each other: lichen becoming mixed up with eczema, as was seen in the second patient brought before the class, and eczema with impetigo, receiving in such cases conjugate names.

It is not unusual, and especially in children, to find a sort of hybrid skin disease present itself, coming out first as eczema—the vesicular form—and subsequently becoming pustular, and giving rise to the conjugate name of *eczema impetigenodes*.

Impetigo is, in like manner, a blood disease, and requires to be treated in the same manner as the rest, by constitutional remedies, and local applications, keeping in view the elimination of the poison from the blood, and the restoration of the tone of the general system, while the local remedies are intended to alleviate the distressing symptoms which present themselves

either in the form of itching, burning, or other discomforts.

I have thus exhibited to you, gentlemen, examples of skin diseases, illustrating four varieties, the squamæ, papulæ, vesiculæ, and pustulæ. I had hoped to illustrate some others, but the limited time allotted to me has obliged me to be even less full on some of those which I have shown to you than their importance really demands.

At some other period of the course I hope to be able to bring before you cases illustrating some of the other varieties of this interesting class of diseases.

RESULTS OF TREATMENT OF THESE FIVE CASES OF SKIN DISEASE, AS SHOWN TO THE CLASS ON THE 16TH, THREE DAYS AFTER.

I bring before you, again, some of those cases of skin disease that you saw on our last clinical day, that you may note the results of the treatment.

PITYRIASIS CAPITIS, and also *pityriasis* of the general surface.

A fresh crop of scales has appeared on the body of this Frenchman since you last saw him, his skin being much more covered with the bran-like scales. His head is much clearer, the thick imbricated scales which were upon it are almost entirely gone, owing to our having removed these products of the skin by emollient cataplasms, which were applied to the whole surface of the head.

The general condition of the patient is better; there is not the same amount of roughness of the skin, nor is there the same inflammatory character of the eruption, or the disposition in it to ulcerate at some points.

The patient is improving under the use of the biborate of soda ointment applied over the head; he takes a warm bath daily, his diet is strictly regulated, and his bowels kept in a proper condition by means of cream of tartar and sulphur. If the disease becomes chronic, we will give him some of those alterative agents which are capable of modifying the blood, the unhealthy condition of which results from some defect in the primary assimilation of the food which introduces into the blood something of a poisonous character which expresses itself by eruptive signs on the general surface of the body.

THE CASE OF LICHEN has not changed much; his disease being more chronic in nature, the beneficial effects of the remedies will be less apparent. He has improved, however.

IN THE CASE OF PRURIGO there is a marked improvement; the papulæ have nearly disappeared and the itching has been very considerably lessened. The patient is able to sit down with some comfort, which he could not do before, as he had the eruption around the seat which prevented him from resting in a sitting posture for many minutes at a time.

His treatment consisted in emollient baths, and he had the ointment of sulphur well rubbed in, and freely too, so as to act somewhat as a stimulant to the skin. He had also internally a small quantity of Fowler's solution, five drops three times a day.

It sometimes happens that this form of prurigo attacks the seat and the parts around the anus, where the skin in consequence becomes thickened and hard, and where the suffering comes on as in this patient, with intense burning and itching to such a degree as almost to destroy the comfort of life; and, in fact, I have seen some patients laboring under this form of disease known as *prurigo podicis*, who have declared that rather than go through again with what they have been enduring, they would prefer to give up their lives.

These cases are tolerably comfortable during the day, but as soon as night comes on and they are somewhat warmed in bed, the itching begins and continues to an almost incredible and unendurable degree, and the whole night is passed in vain endeavors to secure rest, the patients being up and down continually.

The ointment which I have found most useful in these cases, consists of glysamyl, mixed with a small quantity of purified tar. To make this, take an ounce of glycerine and six drachms of powdered starch, and mix these by means of a gentle heat, until the starch is thoroughly dissolved in the glycerine, and assumes, if not a transparent, at least a translucent appearance, looking very much like the starch which is prepared by the washerwoman, then stir in half a drachm of purified tar, which is to be carefully incorporated; and this makes an ointment, which applied to the parts where this intense itching and stinging is going on, relieves it almost instantly.

I have applied it to persons somewhat advanced in life, and with great success. It is also useful in other diseases attended by itching in other portions of the body. I have

used it in the excoriations of children, and in some forms of chronic disease of the scalp.

This ointment has no grease in it, so that the objection often raised against the employment of oleaginous applications, do not apply to it.

The case of Impetigo, which was brought forward in illustration of the pustular class of skin diseases, has improved a great deal, and the eruption has declined in a great measure.

This man had given to him the same ointment just described as applicable in cases of prurigo, glysamyl of tar, which had been freely applied to the diseased surface after removing the crusts by means of poultices. Internally, he has also taken the *liquor potassæ arsenitis*, under which administration the condition of the eruption has visibly improved in all parts of the body.

Lectures on the Iris and Choroid and their Diseases.

By Laurence Turnbull, M.D.,
Ophthalmic Surgeon to the Howard Hospital.

No. 2.

special histology.

Vascular Tunic or Uvea.—The second tunic of the eyeball is an extremely vascular structure, containing a large amount of pigment, and is divided, by Kölliker,* into a larger posterior section, the *choroid*, and a smaller anterior portion, the *iris*.

The choroid coat extends forward from the place of entrance of the optic nerve as far as the iris, with which it is continuous. In the former situation it presents a circular aperture, but is connected with the neurilemma of the optic nerve, and passes transversely through the nerve in the form of a delicate cribriform layer. The choroid is a fragile membrane $\frac{1}{15}'''$ to $\frac{1}{30}'''$ thick, but at the anterior border of the sclerotic it forms a thicker part, the *corpus ciliare*. Its outer surface is pretty intimately attached to the sclerotic, not only by the larger vessels and nerves, but also by other means, so that, on exposing the choroid, a part of it, of greater or less extent, remains fixed on the sclerotic as a delicate brown tissue.

This is the so-called *lamina fusca* of authors; it from the choroid and describing it as a special but there is no sufficient reason for separating coat, although it is true that separate pigment cells, such as occur in it, do often extend in among the connective tissue of the sclerotic. The inner surface of the choroid is smooth, and is connected with the retina very firmly at the *ora serrata*, but is only loosely adherent in the rest of its extent; on the other hand, in front of the *ora serrata*, on the ciliary processes particularly, it is very intimately united with the *pars ciliaris* retinæ, and with the hyaloid membrane, (zonula Zinii,) so that it can never be completely detached from these spots."

After dividing the choroid, as we have already done, into three strata, Kölliker* states that, "with regard to the tissue forming the

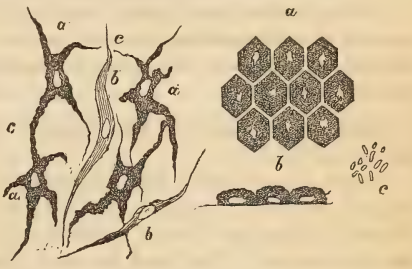


Fig. 3.

Cells from the stroma of the choroid: *a*, pigmenteted cells; *b*, pigmentless fusiform ones; *c*, anastomoses of the former. Magnified 350 times. Of man.

Fig. 4.

Cells of the black pigment of man, as seen from the surface *b*, from the side; *c*, pigment granules.

proper choroid, a great portion is made up of vessels and nerves, and of the ciliary muscle; but beyond these there is found a peculiar tissue, which he classifies with the elastic tissue. In the outer parts of the tunic, this basement tissue or *stroma* is formed by nucleated cells, of an irregular, fusiform or stellate shape, and quite pale, or containing some brown pigment. They measure 0.008''' to 0.02''' in length, and anastomose irregularly with each other by shorter and longer processes, which are mostly very delicate, (measuring 0.0005''' in breadth,) but somewhat rigid and pale. (See fig. 3.) By the large number of these anastomoses, a loose membranous tissue results, which resembles, in many respects, the fine-fibred elastic membranes. In the inner layers of the choroid, and especially in the membrana choriocapillaris, these cellular networks, which are classified with the net-

* A Manual of Human Microscopic Anatomy, by A. Kölliker, London, 1860, p. 545.

*Ibid, p 546.

work of plasmatic cells, gradually pass into a homogeneous nucleated tissue, at first with a little pigment, but afterward colorless, which is distinguished from connective tissue by its resistance to acids and alkalies. This tissue terminates close upon the black pigment, by a delicate membrane without structure or finely fibrous, which may be exhibited separately, and is 0.0006‴ thick; this is named "the elastic lamella of the choroid."

Besides the ciliary muscle, which we have already described, H. Müller has discovered a circular, muscular layer, quite anteriorly beneath the radiating fibres of the ciliary muscle; and this may be called the "circular muscle of Müller." This must produce the same result as the muscle of the iris, for one part of the ciliary muscle, according to Bowman, have the power to advance the ciliary processes, and with them the lens, toward the cornea, so we may well suppose that the circular muscle of "Müller" brings it back again, or withdraws it inward, when required. The black pigment completely lines the inner surface of the choroid membrane, as a connected purely cellular lamina, which consists, as far forward as the *ora serrata*, of a single layer of beautiful cells, almost regularly hexagonal, 0.006‴ to 0.008‴ in diameter and 0.004‴ in thickness, disposed in the manner of a mosaic. (See fig. 4.) The large quantity of pigment in them allows the cell-nucleus to appear only as a clear spot in the interior; but this nucleus is seen, on a lateral view, to be situated in the outer half of the cells, where they are poorer in pigment granules. From the ora serrata onward, the pigment cells are arranged in two or more layers, becoming roundish, smaller, and quite filled with pigment, so that even the nuclei are scarcely visible.

All the pigment cells have very delicate walls, and are very readily ruptured by pressure. Their pigment consists of extremely small flattened, oblong corpuscles, 0.0007‴ in length at the most, which even in the cells, but more distinctly when they are free, present, in a well-marked manner, the phenomenon of molecular movement. In the eyes of Albinos, and also in a part at least of the eye of animals, in the region of the *tapetum*, the pigment of the choroid is absent. The cells, however, which usually contain the pigment, are themselves present in both these cases, only they are perfectly pale.*

* Ibid, p. 548.

The *iris* differs from the choroid in containing a true connective tissue, whose delicate, loose bundles constitute the chief mass of the stroma of the membrane; their course is in part radiating, in part circular, especially at the ciliary border, where they are variously interwoven with each other. Toward the surface of the iris, these loose bundles become converted into a more homogeneous layer; and in this there occurs, 1st, a great number of cells, or plasmatic cells, frequently containing pigment, and mostly fusiform and stellate, more rarely roundish in shape—some of these anastomose in a reticular manner; 2d, a small number of pale, rigid fibres, like elastic fibres, which extend as processes of the *ligamentum, iridis pectinatum*, or of Demours' membrane, over a part of the anterior surface as far as the *annulus minor;* 3d, lastly, the smooth, muscular fibres of the iris, which are exactly of the same nature as those of the choroid."

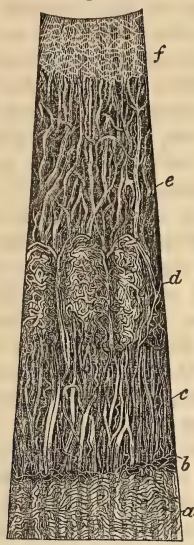
Besides the sphincter muscle of the iris, which is ¼‴ broad, Kölliker* has discovered another very narrow ring in the region of the *annulus iridis minor* $\frac{1}{40}$‴ in breadth, and nearer to the anterior surface of the iris. Of the color of the *iris*, the same good authority states that in blue eyes, for instance, it is simply owing to the posterior pigment seen through it; while in yellowish-brown, brown, or black eyes the color is due to a special pigment, which is very irregularly distributed through the iris, and thus produces peculiar appearances seen on the anterior surface. The iris, also, differs from the choroid in possessing a layer of cells on its anterior and posterior surface. The *vessels* of the choroid and iris, as we have before stated, are extremely numerous, and, with the aid of the microscope, a better knowledge of their ultimate distribution we are now able to give, and here is a drawing from Arnold, which will assist the description.

"The *capillary* network (see fig. 5, *a*) of the innermost layer of the choroid, which lies on the inner side of the *tapetum* in animals which possess this structure, may be readily demonstrated as a special membrane. Indeed, it may be partially shown even in man in injected and fresh preparations, and it forms one of the densest and most beautiful plexuses ever met with, for the meshes between vessels of 0.004‴ themselves measure only 0.002‴ to 0.005‴, and the capillaries proceed in a stellate manner from the larger vessels."

* P. 549.

The *iris*, as has been before stated, received its supply of blood from the arteries of the choroid coat, and from the long and short ciliary arteries, and the form of distribution we have already given in forming the arterial circle, where they bend round and return into the veins by loops of delicate but not capillary vessels, and, according to Kölliker, they form a second arterial circle, which is smaller and not as perfect.

Fig. 5.

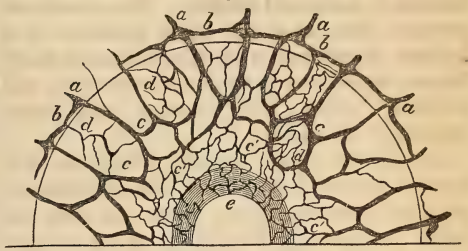


Vessels of the choroid and iris of a child, after Arnold, seen from within and magnified 10 times: *a*, capillary network of the posterior section of the choroid terminating at the ora serrata, *b*; *c*, arteries of the corona-ciliares supplying the ciliary processes, *d*, and partly proceeding to, *e*, the iris; *f*, capillary network of the inner surface of the pupilary border of the iris.

"The nerves of the tunica vasculosa are likewise very numerous, but are destined exclusively for the ciliary muscle and for the iris.

"The *nervuli ciliares* penetrate the sclerotic posteriorly, with fifteen or eighteen trunklets, extend forward in the outer lamella of the choroid, partly in furrows of the sclerotic, and divide several times in a forked manner, even before their entrance into the ciliary muscle. Here they break up into a rich and dense plexus, from which numerous filaments are distributed to the muscle and the cornea, and the remainder form the proper nerves of the iris — the latter nerves, accompanying the blood-vessels, dividing repeatedly and forming anastomoses, especially in the situation of the annulus minor, until they reach the pupillary border, where they terminate, probably by free extremities, after repeated division and the formation of loops. The elements of all these nerves are moderately fine, and fine tubules

Fig. 6.



Nerves of one-half of the iris of a white rabbit treated with caustic soda and magnified 50 times: *a*, nervuli ciliares; *b*, anastomoses of the same at the border of the iris; *c*, inner network of the same in the inner part; *d*, terminations of separate nerves; *e*, sphincter pupillæ filaments toward the interior of the iris.

(0.002‴ to 0.004‴) in the trunks; while in the iris they measure only 0.001‴ to 0.002‴ in diameter."

Physiology of Iris and Choroid.—By some good authorities the iris is considered as entirely a physical agent, acting simply as a diaphragm, or curtain of the optical apparatus, excluding all the rays of light, which would fall too obliquely upon the lens, to be conveyed to a focus upon the retina, and according to its intensity, regulating the quantity of light admitted, an office, which you now understand, it is able to accomplish by the use of the muscles of organic life arranged around its centre. (See fig. 6, *e*.) To take the view that the stimulus of the light is the sole cause of the dilatation, or its absence the contraction, has, I am sure, been repeatedly refuted by experiments in this clinic, for, in cases of diseases of the retina, we find that no contraction takes place, even when the patient is placed directly opposite the window, with the strong sun-light striking upon the dilated pupil. There is a reciprocal action between the iris and the retina. The iris protecting the retina by its contractile power, and the iris contracting under a strong light by virtue of the stimulus imparted to the retina, its message of sensation conveyed by the brain, being there instantaneously converted into one of motion, and telegraphed back through its own peculiar nerve.

Another interesting fact, which you may also notice, upon a case of diseased retina of one eye, while the opposite eye is sound. If we stimulate the sound retina, the iris of the unsound eye will often contract in company; thus,

according to Bowman, it is "evidently caused by a reflection of the stimulus from the optic nerve through the nervous centre, along the inferior branch of the third pair to the iris, and the consensal action of the two sides is effected in the nervous centre. Mechanical irritation of the ciliary nerves, or third pair, occasions contraction of the pupil on the same side."

M. Mariotte, by numerous, careful experiments, made the interesting discovery of the insensibility of the optic nerve, as it appears within the eye, and showed that it is unable to receive an impression from an image thrown upon it; the opinion, which he suggested, that it is the choroid coat, and not the retina, which actually receives the image and causes the sensation of vision. Yet, according to Dr. Nunneley,* "Marriotte's experiments, although so decisive as not to admit of any doubt, that the optic nerve itself is really insensible to light, and hence the retina, which is made up of the fibres of the optic nerve, as they are spread out into their terminal extremities is also insensible, yet the same experiment really affords an uncontrovertible argument against the opinion which it has been supposed to support. The optic nerve in being insensible to light, is only in the same position as all the other nerves of sensation are; it is only the terminal, minute, and delicate extremities of nerves that are capable of exercising their functions, and not the large trunks themselves. The arguments to be drawn from the anatomy and physiology of the eye are so strong, and the facts observed in diseases of the eye are so numerous, that no anatomist or surgeon, for a moment, doubts that the retina is the sensitive surface which receives the image, the impression of which is conveyed along the optic nerve to the brain, and that the choroid coat has nothing immediately to do with the sensation."

If the choroid is not intimately connected with the sensation of vision, why is it when the pigment-epithelium of the choroid is removed, vision becomes imperfect? This is the case, also, in colloid disease of the choroid, which is situated, according to Donders, in the hexagonal-pigment-cell; and he regards them as transformations of the nuclei of these cells, while it is now well known that inflammation of the choroid ultimately terminates, unless cured, in glaucoma.

We are, therefore, convinced, from our knowledge of the diseases of the eye, that the choroid is absolutely necessary to correct vision, and I am supported in this opinion by Dr. Reid and Sir D. Brewster; also, by more than one distinguished physiologist of this country. Dr. Draper observes that "the arguments against the retina, both optical and anatomical, are perfectly unanswerable. During life it is a transparent medium, as incapable of receiving an image as a sheet of clear glass, or the atmospheric air itself; its sensory surface is its exterior one, that is, the one nearest to the choroid coat. But the black pigment, from its perfect opacity, not only completely absorbs the rays of light, turning them, if such a phrase may be used, into heat, no matter how faint they may be, but also discharges the well-known duty of darkening the interior of the eye, and, therefore, preventing indistinctness through the straying of the rays of light.

Perfection of vision requires that the images should form a mathematical superficies, and not in the midst of a transparent medium. The black pigment satisfies that condition, the retina does not."

If no other argument was adduced for departing from the opinion usually expressed, which attributes this function (of vision) to the retina, the thickness of that structure would be sufficient; images can only form with precision or sharpness upon an abrupt surface.*

Dr. Dalton considers that the use of the choroid coat is to absorb the light, which has once passed through the retina, and prevents its being reflected in such a way as to confuse and dazzle the sight. He considers the retina proper in its expansion as the essential nervous apparatus of the eye. "It is endowed with the special sensibility which renders it capable of receiving luminous impressions, and so far as we have been able to ascertain, it is incapable of receiving any other."†

The Cause of the Blackness of the Pupil.—Until a very recent date it was commonly taught that the blackness of the human pupil depended on the complete absorption by the choroid of the incident rays of light, for which purpose its dark pigment seemed to be a peculiar provision. But this explanation is now known to be incorrect, the apparent blackness of the pupil is a necessary result of the optical construction of

* On the Organs of Vision; their Anatomy and Physiology. By Thomas Nunneley, F.R.C.S.E. London, 1858. P. 321.

* Human Physiology, p. 392.

† A Treatise on Human Physiology. Second edition, 1861.

the eyeball; for when the eye is fixed upon any luminous point, the rays emanating from it, and traversing the pupil, are collected by the lens, and other transparent media, to a focus on the retina, where a corresponding image is formed; after which most of the incident rays are thrown back along the same paths by which they entered, and return to the point whence they first started. But since some dispersion takes place, a few of the returning rays will reach the eye of an observer, whenever he occupies a position near the direct line that connects the source of light and the eye examined, in which case its pupil will appear to emit a reddish glow, and this is more vivid when the eye is not properly accommodated, because the dispersion is then greater. Now, under ordinary circumstances, the observer does not occupy such a position with reference to the source of illumination and the eye observed, and, therefore, the returning rays do not meet him, and the pupil consequently appears to him black."*

The size of the pupil varies in a state of health from the one-fifteenth to the one-fourth: and under the influence of opium the pupil almost disappears, while under that of atropine, or hydrocyanic acid, the iris almost disappears, so immensely is the pupil dilated.

And here I must give you a caution, that when you find a very active iris easily dilated, do not use atropine if it can be avoided, in performing ophthalmoscopic examinations. For, in a recent case, a young sewing woman came to see me in great distress, owing to a powerful dilatation of the pupil having been produced, and contraction was not restored for several days. She applied with defective vision, and the surgeon desiring to use the ophthalmoscope, dilated a pupil, which there was no necessity for dilating, as an examination could have been easily effected without it; the result was much alarm, an unwillingness to return, although informed that no bad result would follow its use. The treatment was an opium plaster, with diluted vinum opii. dropped into the eye, which soon removed all the unpleasant symptoms.

—o—

M. Swartz, in the *Repertoire de Chimie*, states that nitric acid stains are removed by the sulphide of ammonium and a little caustic potash. This removes the epidermis which has been stained.

* London Review, 1860.

COMMUNICATIONS.

Anatomy in its Relations to Medicine and Surgery.

By D. Hayes Agnew, M.D.,
Lecturer on Anatomy, Surgeon to Philadelphia Hospital, etc.

No. 39.

Pharyngeal Region—(*Continued.*)

Pharyngeal Aponeurosis.—This is a fibrous structure of great importance in the pharynx. Its strength is greatest posteriorly and superiorly. Above, it is attached to the cuneiform process of the occipital bone, lower, and laterally to the orifice of the Eustachian tubes, the extremities of the petrous portions of the temporal bones, as far out as the entrance of the carotid canal. Lower still, it takes hold of the pterygoid fossæ and the posterior extremity of the alveolar process of the inferior maxillary bone. Over it the three constrictor muscles are stretched, and to it, also, extensively connected. These muscles are further supported by a strong sheath externally.

Mucous Membrane.—The inner surface of the pharynx is covered by a mucous membrane, continuous with that of the mouth, nasal fossæ, Eustachian tubes, larynx, and æsophagus. Its color is not so florid as in the cavity of the mouth, nor is it usually so moist. It is attached to the subjacent parts with a moderate degree of firmness, by connective tissue.

Pharyngeal Glands.—The pharynx is well supplied with glands. They are lodged in the submucous connective tissue, some of which are racemose or branched, and others follicular in structure. The first exist in the greatest abundance at the superior and posterior portion of the pharynx.

The follicular exist, both separate and in groups, so as to form simple and compound organs. The latter, really, are miniature tonsils. They are seen over all parts of the pharynx, especially upon the roof of the organ, where the mucous membrane is connected to the cuneiform process of the occipital bone. The most remarkable association of these bodies is situated between the two Eustachian orifices, forming a continuous mass.

Epithelium.—The cellular layer of the pharynx is composed of tesselated epithelia below,

Fig. 34.

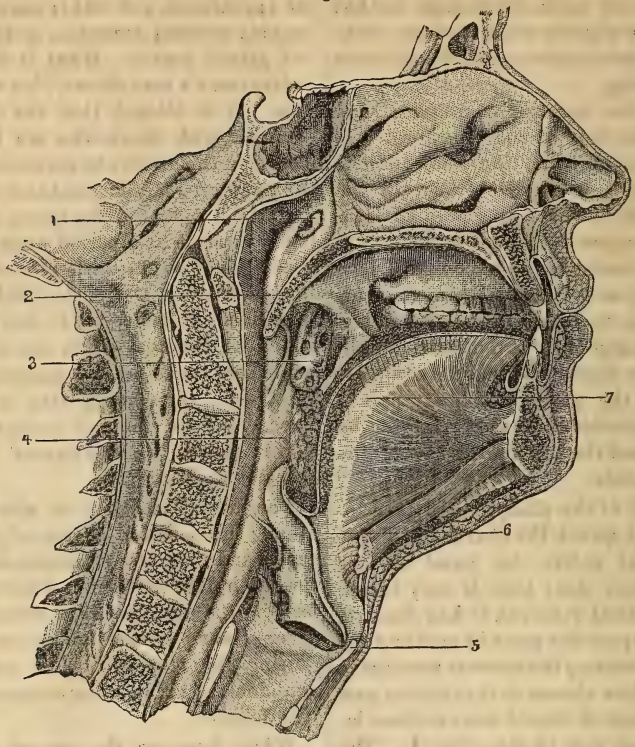


Fig. 34. Exhibits a vertical section through the base of the skull, nasal cavities, hard palate, soft palate, mouth, pharynx, part of the œsophagus, the larynx, and spinal column The figures point out the following as the most important objects: 1. Orifice of Eustachian tube. 2. Soft palate and uvula divided. 3. Tonsil, with a palatine arch in front and behind. 4. Middle of pharynx, in front of which is the root of the tongue. 5. Ventricle of the larynx. 6. One-half of the epiglottis cartilage, at root of tongue, connected to it by the frænum. 7. The tongue.

and above and over that portion above the level of the floor of the posterior nares, a cilliated variety exists.

Interposed between the posterior wall of the pharynx and the cervical vertebræ, are the recti anterioris capitis muscles, to which the organ is loosely attached by cellular tissue, allowing it to move readily up and down in the act of deglutition. The muscles, which lift the pharynx as a mass, (its extrinsic apparatus) are the stylo and palato-pharyngei muscles.

The internal carotid arteries, internal jugular veins, pneumogastric and hypoglossal nerves are placed along its sides, and its whole thickness, including all the layers, does not much exceed two lines.

Blood-Vessels.—It receives branches from the vidian of the internal maxillary, from the ascending palatine of the facial, but its principal trunk is the *ascending pharyngeal* from the external carotid.

Nerves.—The pharynx is abundantly supplied with nerves from the pneumogastric, glossopharyngeal, and sympathetic. The branches, from the several sources, form a fine plexus over the middle constrictor muscle. The trunks furnishing these are compound in function, and, it should be remembered, maintain communications with the larynx, trachea, heart, lungs, æsophagus, stomach, etc., through the pneumogastric, with all the superficial and deep parts of the face through the facial, and trifacial, with the sterno-cleido and trapezius muscles, through the spinal accessory, and with the muscles of the tongue, through the hypoglossal nerves.

Practical Remarks.—From the anatomical characteristics pointed out, the pharynx, on inspec-

tion, should, to be healthy, present a very delicate shade, of a red color, not so high as that of the mouth; a slightly moist surface, without any marked prominences, and should move freely in swallowing.

Attached by the constrictor muscles and aponeurosis to the base of the cuneiform process of the occipital bone, the vault of the organ is, therefore, immediately beneath the base of the skull, and is only separated from the medulla oblongata and pons Varolii by that process. There seems to be a popular knowledge of this fact, as it is no uncommon occurrence for suicides to destroy life by the introduction and discharge of a pistol into the mouth. A reference to the figure will make it quite apparent that both the upper and lower part of the organ are excluded from view, the first by the soft palate, and the last by the root of the tongue and epiglottis.

From the vault of the pharynx, polypoid tumors occasionally sprout, the characters of this portion being not unlike the nasal mucous membrane. Where their base is very broad, and require a radical removal, it has been recommended to expose the parts by splitting the soft palate, then incising the mucous membrane over the hard palate almost to the anterior part of the latter, where it should meet another incision, carried from side to side, thus ⊥. The mucous membrane and submucous tissue may then be separated from the palatine plates of the superior maxillary and palate bones, which, if required, can be broken away to the necessary extent. This will certainly offer a good view of the parts in question, and after the removal is effected, the flaps of the mucus membrane may be replaced and united by sutures, thus closing up the communication between the mouth and nose.

A glance at figure 34 will make it very clear, as already alluded to, that the nasal and oral cavities pass into the pharynx as inclined planes, the former along the posterior surface of the soft palate and uvula, and the latter over the sloping surface of the tongue, at the root of which stands up the epiglottis cartilage. Secretions, by this arrangement of parts, are prevented from falling into the larynx, whether proceeding from the nasal cavities or mouth.

Inflammation of the pharynx is not a very common occurrence, except as depending on causes sufficiently general and deep to produce a diathesis, such as scrofula, syphilis, or tuberculosis. In these the follicular apparatus is involved, giving the surface an irregular granular appearance, and either coating it with a tenacious mucous secretion, or imparting a dry, red, glazed aspect. What is often termed the "clergyman's sore throat," is a chronic pharyngitis. It is alleged that the disease is most common with those who are in the habit of confining themselves to manuscript sermons in the pulpit, the flexed condition of the neck relaxing the tissues of the organ, and thus favoring congestion at a period when the determination of blood to the parts is marked. Whether the observation is well founded I am at a loss to decide. In collecting in my mind the cases which have come within my own knowledge, while they have not all occurred in ministers who read, certainly a very large proportion have, yet I am disposed to attribute the affection to causes less mechanical than this view assumes to be the case.

The use of tobacco is also recognized as among the common causes of pharyngeal disease; and with many persons there is no question its influence is bad. Those who after the use of this article find a tenacious secretion accumulating in the fauces and pharynx, requiring frequent efforts to dislodge, should abandon the habit, otherwise structural disease may follow.

When, however, the general use of tobacco is taken into account, its influence in this direction is not very marked. From whatever cause the follicles of the pharynx become enlarged, the pathological nature of the change is due either to plastic exudation into the connective element of the glands, or to accumulation of altered secretions, forming plugs of considerable consistence, and from their decomposition originate the unpleasant odors, which emanate from the mouth of persons thus affected.

There is a dry and red condition of the pharynx present in all cases of cleft palate, which is, probably, due to the direct contact of air through the mouth upon its walls. A person who is compelled to breathe through the mouth for any considerable time will soon suffer from a dry throat, even though the soft palate be perfect, and which, by contact with it, reflects and warms the atmospheric column which enters by this route. The reason why the air through the nose does not exert a similar effect, must be in consequence of the many projecting surfaces within the sinuosities of the nasal fossæ, elevating its temperature by the time it reaches the posterior nares.

Abscess.—The situation of a pharyngeal abscess may be in the sub-mucous tissue, in the sub-muscular tissue, (that is, between the constrictors and the muscles in front of the cervical vertebræ,) or in the bodies of the vertebræ. When the resisting nature of the spine and the proximity of the larynx are considered, the reasons for an early evacuation of their contents will be apparent, otherwise the patient may suffocate from inflammatory swelling. In a large abscess of this kind care will have to be exercised that the pus does not flow into the larynx,hence the recommendation to open such with a trocar and canula. The pharyngeal aponeurosis prevents, in all inflammatory diseases ending in suppuration, the passage of pus into the neck, directing it into the fauces or pharynx.

In rare cases the mobility of the pharynx is in a great measure lost. This results from two causes—either paralysis more or less complete of the stylo-pharyngei muscles, or as a consequence of inflammation uniting the constrictors to the sheath of the recti-anteriores colli muscles.

There are likewise two very distressing affections of the pharynx in persons laboring under inordinate nervous disturbance, especially females. The first is a constant and uncontrollable disposition to swallow, and is due to the influence communicated to the stylo-pharyngic muscles, through the glosso-pharyngeal nerves, something similar to chorea. The other affection is an inability on the part of the constrictors to embrace and direct the food with certainty into the pharynx. Persons in this condition are constantly annoyed in eating, by crumbs or liquids falling into the orifice of the larynx, or being detained in their passage; in either case producing great agitation and alarm, under an apprehension of suffocation. The explanation must be sought for in the nerves of the pharyngeal plexus, though an irritation in very remote organs, such as the uterus, may develop the condition of this plexus on which the morbid phenomena depend.

The relation of the larynx to the pharynx will explain the distress occasioned by any substance being impacted in or retarded in its passage through the pharynx into the œsophagus. At the inferior extremity of the former, where it passes into the latter, the tube is quite narrow, and it is at this point that a body disproportionate in its dimensions to the tube, through which it is passing, becomes arrested.

A glance at the figure will explain why air is prevented entering the larynx, when the tongue falls back toward the throat, as may occur during profound anæsthesia, or in asphyxia, or in surgical operations, in which there have been extensive detachments of the anterior connections of the organ. The epiglottis, it will be perceived, is connected to the tongue by the glosso-epiglotidean folds, and which, when the organ recedes, lets it down over the orifice of the larynx as a lid. This circumstance should afford a useful hint by way of anticipating such probable accidents, and promptly drawing forward the organ when they do take place. In cases of asphyxia, as from drowning or other causes, in which the *ready method* is not entirely relied upon, and the operator is desirous to introduce air into the lungs, the finger should either press the tongue forward, by acting against the posterior part of its dorsum, or by carrying it sufficiently far back to press the epiglottis upon its dorsum, and thus have full command of the entrance to the larynx.

The little folds which rise from the tongue to the epiglottis, form between them pockets, in which pointed foreign bodies may become arrested, and which excite, not only a harassing cough, but sometimes give rise to the sensations which attend substances in the air-passages. As these "pockets" are fairly within the reach of the finger, this, the best of all instruments, should be employed to explore the recesses in question.

There are several circumstances which demand the passage of instruments through the pharynx, such as the extraction of impacted bodies, or for the purpose of forcing them into the stomach; the dilatation of strictures; the introduction of nutritious matters; the removal of poisonous substances from the stomach, and for making applications to the larynx. In regard to all, there is one rule of importance to be observed, and that is to extend the head as much as possible. Such a position will bring both the posterior nares and the fauces over the pharyngeal cavity. If the tube, probang, or whatever instrument is intended to be carried into the œsophagus, passes through the mouth, the operator must steer clear of the uvula, or arches, until he reaches the posterior wall of the pharynx, when the elevation of the handle will serve to give it the proper direction, requiring nothing but to press the instrument onward. If the object is to gain admission into the larynx, the key to the whole process is to se-

cure the control of the epiglottis, and which is best accomplished by conducting the instrument in the same manner as when reaching the œsophagus is contemplated, not following or touching the dorsum of the tongue. As soon as the posterior wall of the pharynx is almost touched, the handle should be elevated, and the probang dropped against the posterior surface of the epiglottis, thus pinning the sentinel forward against the root of the tongue, when, if the instrument be carried forward, it will enter the larynx.

Between the epiglottis and tongue, the mucous membrane is slightly attached by loose connective tissue. Inflammatory swelling here often produces symptoms not unlike œdema of the glottis. When very great, and the necessity of the case demands it, incisions may be made without any very great difficulty in this situation, as the finger will serve to direct the knife to the spot.

Treatment of Ulceration of the Os Uteri.

By O. C. Alexander, M. D.,
Of Albany, N. Y.

There is no malady incident to the life of a female, attended by such a concatenation of ills, as that of ulceration of the os uteri. To detail them would be useless, as it is presumed that all medical practitioners are well acquainted with the disease and all its accompanying symptoms. My object is merely to give a brief sketch of the mode of treatment I have found the most successful.

It is true that this disease has been treated with as many different modes as there are remedies in the materia medica applicable to the complaint, but neither of them have had anything like uniform success. The following treatment I have found to be *universally* accompanied with success to all grades of the disease, from the most simple form to that of the most aggravated symptoms. I usually commence the treatment by exposing the ulcers to sight by the aid of the speculum; next wash them with lukewarm water, applied with a soft sponge attached to a firm piece of wood or whalebone, in form of a probang. After the parts have been thoroughly cleansed, I apply dry calomel to the ulcers in the following manner: First, I procure an article of the finest carded cotton, freeing it from flaws or specks, which, if allowed to remain, might prove a source of irritation. Secondly, take a piece of the cotton and form it into a ball, having a diameter of from 2 to 2½ inches. Thirdly, dip the ball into the dry calomel until quite a quantity of the medicine adheres to the cotton, then apply the same to the sores; always be sure to keep the surface of the ball containing the calomel in such a position, while you are introducing it through the speculum, as to allow it to come in immediate contact with the ulcers. There will be some difficulty in introducing the cotton, owing to its size; but by the aid of the reverse end of the stick containing the sponge it can be safely introduced, using the precaution that too much force is not resorted to, which might result in injury. The cotton is allowed to remain in the vagina some three days, when it is to be removed, the parts cleansed, and the medicine again applied as before. When there exists much pain and irritation, and no counteracting idiosyncrasy, I usually combine one of the salts of morphia with the calomel; in no instance have I detected the specific or constitutional effects of the medicine by its free use. In a few instances I have resorted to the old mode of cauterizing, preceding the application of the calomel, but better success was had in abandoning the use of the caustic entirely. During the presence of the catamenia, the treatment must be omitted. Tonics and alteratives are to be used when indicated, the same as under the older methods of treatment.

I am sorry that I have kept no detailed account of the numerous cases treated in the afore-mentioned way, but the experience of some six years have proved to me its efficacy, and never will the method be abandoned by me as long as it is followed with such almost immediate success. In no instance has the treatment been protracted over two weeks. The last case I had under treatment, declared to me that she had been under the care of an eminent physician for some two months, and that she was worse than previous to his attendance. In less than two weeks from the time she was put upon the treatment recommended above, the ulcers disappeared, and she was pronounced cured.

Some, no doubt, will discredit the efficacy of the treatment, where there is deep-seated ulceration. The case I treated, previous to the one just mentioned, had a deep-seated ulceration of the os uteri, accompanied with occasional hemorrhage, which led the patient to believe that her difficulty was merely irregularity of the menstrual functions; but the deep-seated pains she complained of in the regions of the uterus,

extending to the left side, to the lumbar region, down the thighs, and the character of the discharge, led me to suspect ulceration. After examining the case with the speculum, I discovered extensive ulceration of the os, with ragged edges, bleeding profusely. The above-mentioned treatment was had recourse to, which resulted in complete success, as in all others.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

(*January 30th.*)

THREE CASES OF FRACTURE OF THE PATELLA.

It matters not how this accident is produced, whether by a direct blow or from muscular action, it is a direct application of force, all the same.

In the first case, the man fell and struck his knee. The bone is broken, but the ligamentous tissue which lies on the front surface of the patella itself is not ruptured, nor are the portions of the two vasti muscles which run down by the side of the patella separated, and therefore there is not likely to be any great diastasis between the fragments. There was not an eighth of an inch space between the fragments, but the consequence of the injury was synovitis, a slight inflammation of the serous lining membrane of the joint, which relieved itself; it was hardly an inflammation, but rather a secretory irritation—illustrating the doctrine of the modern French pathologists—giving rise to a copious effusion in the joint, making it appear swollen and tense, and somewhat tender.

Instead of treating the injury with bandages and straps, after the manner of Cooper, the limb was placed in an easy position, and leeches were applied around the joint; and a strong solution of extract of lead and laudanum was applied over the joint. The patient's general health was taken care of. After the subsidence of the swelling, the edges of the fragments were approximated by means of adhesive plasters, long strips being placed around the joint in the form of the figure 8, which method answers perfectly well.

Sometimes, where there is much separation of fragments, after running the adhesive strips around the joint in this manner, we pass strips around the leg, having the strip made conical, thus forming an investment which embraces the leg tightly, and then the fragments are brought in close apposition by side strips.

When the bone is broken in consequence of muscular effort, as by a sudden spring in case of alarm, etc., so much force is used with the extensors of the thigh as to break the patella.

An instance of this occurred at the period of the riots in our city. A man was passing an alley when a pistol was fired, and he sprung from the ground suddenly, and fell, and on being raised, the patella was discovered to be fractured, as was thought at the time, by the bullet.

THE SECOND CASE.

A man slipped upon the ice, and in endeavoring to save himself from a fall, the muscular effort fractured the patella.

Some persons will say that they cannot understand how a man could fall on his back and break his knee; but the process can be explained. A man slips, and to prevent his coming down on his buttocks, the great extensor muscles of the thigh contract with extreme force to prevent the body from falling backward, in doing which the force may be so great as to break the patella.

In this case, there was a separation of an inch between the fragments. This distance was so lessened in the treatment that it became questionable whether there was not a bony union between the fragments, though such a result is not likely to take place in consequence of the cartilage on the inner side, and that being bathed on its inner surface with a synovial fluid.

In treating this case, the limb was raised and the body flexed, the limb being extended and the foot elevated.

This elevation of the foot must not be carried very far.

Some surgeons have the limb held in a horizontal position, in which the flexors and extensors on the two sides are at rest.

A THIRD CASE OF FRACTURE OF THE PATELLA

Had been brought into the house but thirty-six hours previously. This man received his injury from falling on a curb-stone. It had not yet been possible to ascertain whether there was much separation of the fragments or not, so great was the tumefaction of the part and the contusion of the surface, and at first, indeed, there were fears that the injury would be followed by sloughing of the integuments. The general constitution of the patient was not good, his tongue was somewhat furred; but his condition improved under the administration of the house, mixture of camphor water, f℥iij;

spirits of Mindereris, f℥iij; tartar emetic, gr. j; acetate of morphia, gr. ss; sugar, ℥j. This makes the patients perspire, makes them sleep, while at the same time it acts slightly on the urinary organs. This is the usual combination given in divided doses when patients are depressed or have lost blood, but not where the arterial action is pretty strong.

Leeches were applied about the knee, and a strong lotion of the extract of lead and laudanum.

The impression of cold made by the evaporation of a fluid over a surface is more healthy and agreeable than the direct application of ice which is sometimes resorted to. An ounce of alcohol to a half pint of water and a half drachm of the muriate of ammonia, applied over the surface by means of cloths, will be found an exceedingly good application.

The parts were not strapped, nor was any attempt made to approximate the fragments. It was not believed that there was any considerable separation of the fragments from the nature of the injury and the general appearance of the joint. Any attempt to bring the parts together at this stage would tilt up the fragments and make them form a peak, and if there should follow from the injury a destruction of the integuments so as to open the knee-joint, it would necessitate either resection of the joint, or an amputation of the thigh.

The parts are kept elevated and with apparent benefit.

In this case, there is some risk of the formation of false anchylosis of the knee-joint.

When there is a transverse fracture, the separation brings the upper end away from its position, while the lower end is fixed from the anatomical arrangement of the parts.

No motion should be made in the knee-joint for some seven weeks, and then the extensor muscles should be placed in a relaxed position, and the upper fragment held down, and then the leg be gradually and gently flexed and extended.

The same caution applies to the olecranon, which has also a cartilaginous face on one surface, and periosteum only on one side.

JEFFERSON MEDICAL COLLEGE.

SURGICAL CLINIC.

Service of Dr. Pancoast.

CASE OF POTT'S DISEASE IN AN INFANT.

The bodies of the tenth and eleventh dorsal vertebræ are entirely destroyed. The child suffers, and there is a deformity which is increasing.

The treatment consisted in establishing a couple of issues with Vienna paste, the application of which to young children is preferable to the use of the actual cautery. One issue was made just above the projecting portion of the spine, and the other below it.

This is a scrofulous disease. It has its origin in the alimentary canal, and is attended with defective nutrition. It will be advisable to begin the treatment by giving a gentle purge. Good food must then be given, and, when the spine has become involved, the part must be kept perfectly at rest.

This disease is only to get well by a new deposition of bone on the bodies of the vertebræ, forming a sort of splint, and this process consumes a long time.

If this child had been kept on a matress and had the issues applied earlier, and been kept still a long time, the present prominence of the part would have been avoided.

In applying the Vienna paste, at the end of ten or fifteen minutes the further action of the caustic should be neutralized by sponging with vinegar.

The part should then be covered with a plaster until the slough comes away, which will leave a hole big enough to hold a couple of peas, or some other foreign body, which should be inserted so as to keep up a continual discharge of matter, and divert, in this manner, the diseased action from the bodies of the vertebræ to the skin on the back.

The child should be kept in the horizontal position, be occasionally purged, and have good diet and take, as a tonic, an appropriate quantity of the aromatic solution of the sulphate of quinia.

HYDROCELE, CAUSED BY A STRAIN.

Hydrocele is sometimes produced by a strain, in consequence of the communication which the cord has with the internal oblique muscle of the abdomen. No man ever makes a straining effort to lift a weight without making the diaphragm and abdominal muscles contract, at the same time shutting tight the rima glottidis and holding the air in the lungs. The muscles, in their straining effort, pull on the spermatic cord, sometimes on the ligament of the testicle, and sometimes on the vas deferens itself.

Five weeks ago, in a violent straining effort, the patient injured the parts, and the scrotum became filled with blood, which worked its way along the course of the cord. The treatment consisted in the application of a simple absorbent lotion.

The scrotum is filled with a fluid. The tumor is not at all transparent, owing either to the non-transparency or thickening of the tunica vaginalis reflecta or to the opacity of the fluid.

When a hydrocele is bruised, the natural straw-color of the fluid becomes converted into a chocolate hue from the blood which becomes

mixed with it; and there is, too, sometimes a secretion from the membrane, in consequence of a high degree of irritation, for there are hemorrhagic secretions into serous cavities as well as serous secretions.

The testicle appears to be enlarged, and there is a tumor above it, so that there may be a hydrocele of the cord as well as a hydrocele of the tunica vaginalis testis.

These cases are often met with, and when the fluid is drawn off from the lower tumor the upper tumor will remain.

In these cases the serous pouch of the peritoneum, which comes out in advance of the testicle itself, has not become obliterated in its whole length, but has left here and there a little membranous sac which has become filled with serum.

The treatment for hydrocele consists in drawing off the fluid. When the scrotum is merely to be tapped, the most preferable instrument is the straight, sharp-pointed bistoury.

The patient being tapped with the bistoury, a dark-colored fluid was drawn off, its color being due to the blood effused in consequence of the bruise, and which had mixed with the serum. When pure blood in large quantity runs into a hydrocele cyst, it will often effect a radical cure.

It was not considered safe to inject this man's scrotum. The effused blood was not working a cure, and it was therefore preferred to draw off all the fluid contents, in order to let the condition of the membrane change and a new accumulation form of serum of the natural straw-color, when this will be drawn off and an injection be made into the sac, of a mixture of the common tincture of iodine in water, which decomposes the iodine—some of which is thrown down into flocculi, which remain in the scrotum for a time and produce, in this manner, a more certain and beneficial effect.

Chelius recommends to leave a drachm of the tincture of iodine with an ounce of water in the scrotum; but Dr. P. does not like it as well as to make the mixture sufficiently bulky to fill the bag to the same dimension as before the hydrocele was tapped, so as to act upon every portion of the mucous membrane, which is distended so as to contain the injection.

After the operation, the body of the testicle was not found much diseased, but the epididymis was as hard as a stone, especially the globus major.

The parts were then pressed while withdrawing the bistoury so as to prevent the entrance of air, and the orifice was covered with isinglass plaster.

The patient was directed to wear a bag truss and keep himself quiet for a few days.

Regarding the danger of the operation, Dr. Pancoast remarked, that in old men it was sometimes followed by inflammatory œdema of the scrotum. He had never seen serous accumulation follow the injection of tincture of iodine, but he has known death from the simple operation of tapping with the trochar.

HYDROCELE OF THE CORD.

In this patient the tumor is smaller than in the last, and exists entirely on the top of the testicle.

It is easy to account for these tumors; cysts secrete fluid and absorb fluid; sometimes the secretion predominates over the absorption, and the fluid accumulating, the sac becomes more distended at one time than at another.

This case was tapped with the knife like the other. The walls of the cyst were irritated by the point of the knife, after the fluid was withdrawn, to set up an inflammatory action which should agglutinate their surfaces.

FISTULA IN THE PERINEUM.

This is an adult male. He has no tuberculous disease of the lungs.

There are other chronic diseases than those of a pulmonary character with which fistula has some connection, often depending on some disease of the heart, a class of functional diseases which have not occupied the attention of writers on the practice of medicine to the extent that their importance entitles them.

This man has had a chronic ischio-rectal abscess, an abscess by the side of the rectum, and not a fistula in ano.

There is often an acute ischio-rectal abscess beginning with fever and pain, and difficulty in defecation, and a hard lump is found in the midst of the mass. The moment this is felt, a sharp-pointed bistoury should be run in to divide it.

There is a little discharge of matter and the patient gets well.

If not opened, the abscess will make its way to the nearest outlet, and it will often ulcerate into the bowel, when it will form an internal anal fistula. Sometimes it will ulcerate outward also, and there will be a complete anal fistula.

The present fistula lies comparatively superficially and extends a long distance up, the probe passing to the tuberosity of the ischium. It has not established a communication with the bowel, though the speculum reveals evidences that if not interfered with surgically, such a communication will be ultimately established.

The skin and subcutaneous cellular tissue which is left can never recover its natural tone.

The plan of treatment is to pass a grooved director underneath the skin and take off the overhanging edges which involves a consider-

able portion of tissue, but as the cicatrization takes place, it will draw the sides together, and it may be necessary at a subsequent period to take away another portion.

The patient's general health is to be supported in every possible way. He is to be kept quiet for a time.

The buttocks were elevated, and grasping the parts with the forceps a triangular portion of the tissue was taken out on one side; the opening was filled with dry lint until the hemorrhage ceased, and the part was then covered with lint containing some stimulating ointment.

The bowels are to be kept constipated for a day or two, and if there should be any communication extending into the cavity of the bowel, it should be divided either with the bistoury or by the ligature.

Service of Dr. Gross.

March 3, 1861.

CUTANEOUS ERUPTION ON THE VULVA.

This is in a little girl, Martha D., nine years old, who has a cutaneous eruption on the vulva.

An examination of the parts showed them to be greatly inflamed, very tumid, itching a good deal, and tender to the touch, and the child suffers a great deal as she walks, the condition of the parts impeding her progression.

The eruption is not of a definite character, and not very extensive.

The appearance of general health is good.

She has been under the care of a regular physician, who attended her at the clinic. The inflammation has persisted for three months, and is quite obstinate; there is a profuse discharge, thick in consistence, and of a yellow color. Some three months ago this discharge was occasionally mixed with blood. The child's appetite is poor; she sleeps uneasily, and has great pain in the part at night, which keeps her awake.

There is evidently present an inflammation of some kind, but its precise character cannot be told, as the history of the case is somewhat obscure.

The question comes up, as to what is to be done for its relief.

Rest will be an essential element in the treatment. The child should not be permitted to get up out of bed, but should be kept perfectly recumbent, and be purged every other morning with about 3 grs. of blue mass, and about 5 grs. of jalap, made into two pills, and taken so as to act on the bowels several times. The diet must be regulated; she should be given no meat or coffee, or anything of the like nature, but should be fed on milk, stale-bread, &c., and be kept at rest.

The parts should be well syringed three or four times in the twenty-four hours, first with tepid water, containing a little castile soap, and immediately afterward well washed with simple water, and let there be interposed between the labia, and introduce as far as possible into the vagina, a plug of patent lint, which should be constantly kept wet with a solution of the acetate of lead, in the proportion of one drachm to the half pint of water.

Separation of the affected surfaces will do an immense deal toward effecting a rapid cure; for, when the parts are kept together, the opposing surfaces are constantly hot, and wet with the discharge, which can only tend to foment the inflammation, and keep up the difficulty.

When there is a reduction of the morbid action, if need be, she may be put on the administration of some specific, as the iodide of potassium, with some preparation of mercury.

No syphilitic taint is suspected by the physician in attendance.

REMOVAL OF A SMALL CALCULUS FROM THE URETHRA.

The patient was a boy, Chas. McC———l, æt. 5 years, who was brought to the clinic by his mother, under the impression that he had passed some foreign substance into his urethra the night previous, which had diminished the stream of urine, and been the cause of a great deal of pain and suffering, making the boy walk lame.

The impression of the mother was deemed to be correct, as children often evince a great propensity to insert extraneous materials into all the mucous outlets of the body, and the attempt was therefore made to extract the foreign body and thus relieve the distress.

Chloroform was administered, producing anæsthesia, and a probe was introduced into the already inflamed parts, and when it got a little beyond the external orifice, it was distinctly felt to strike some substance upon which the instrument grated.

The forceps was then introduced, and what was believed to be a little rough pebble, was removed, which, on closer examination, was found to be a little calculus of oxalate of lime, which had come down from the kidneys, and, during the act of micturition, become lodged at this point, thus giving rise to all the suffering which had cast unjust suspicions on the little patient.

REMOVAL OF A TUMOR FROM THE PAROTID REGION: TWO CASES.

Jos. V———e, aged 8 years, looked healthy, but had a tumor over the parotid region, between the ear and the angle of the jaw, filling up the hollow which ordinarily exists between the ramus of the jaw and the sterno-cleido-mastoid muscle.

There was no discoloration of the integuments, and the skin was quite loose over the tumor, and there was no enlargement of the subcutaneous veins.

The tumor had been noticed since the boy had been a babe, though it was post-natal.

He complained, at times, of pain in the jaw, but the tumor did not appear to impede its motion.

The tumor felt hard to the touch, and was apparently movable, though it gave the impression as if there were some attachments to the tissues behind it.

Pressure upon it was painful, and gave to the fingers the sense of fluctuation, leading to the idea that the tumor was probably contained in a cyst, though it presented many of the characteristics of a solid tumor.

Various tumors occur in this position, benign and malignant; and sometimes they press so much on the parotid gland as to produce absorption and atrophy.

The tumor had grown considerably of late, though for a long period previous it had been rather latent; and, if it had not been removed, might in time have acquired such a bulk as seriously to incommode the functions of the parts, beside becoming a source of deformity. Its history shows it to be a benign tumor.

Chloroform being administered to the patient, the tumor was explored with a cataract-needle, and, on moving the point of the instrument in several directions within the tumor, evidence was afforded that it was not solid; and upon removing the needle some fluid escaped, showing it to be of a serous nature.

The safest and most expeditious plan for removing these tumors, when practicable, is by eneucleation; but they may also be dissected out, or the contents may be evacuated, and then the tincture of iodine be injected into the cyst.

The tumor was removed in mass. The parts were remarkably tough; and when the cyst was opened, it grated under the scissors, and was found to be in a state almost amounting to that of cartilaginous degeneration.

It was very thick in some parts, and was very firmly attached to the surrounding surfaces, so that its removal was a little tedious, necessitating the ligature of a number of small vessels.

After waiting a few minutes for the oozing to cease, the parts were approximated by suture.

A somewhat similar tumor was removed from the parotid region of a man, 43 years old; the temporal artery being divided in the operation. This tumor consisted of a chain of lymphatic ganglions, in a state of degeneration.

NÆVUS OCCUPYING THE LIP AND INSIDE OF THE CHEEK.

A little child, eight months old, was exhibited to the class, having a vascular tumor or congenital nævus, of a purplish color, occupying the lip and inside of the cheek—a soft erectile tumor, expanding when the child cried; composed essentially of blood-vessels, and extending some distance back; being prominent on the right side of the lip, and extending as far as the commissure.

EDITORIAL DEPARTMENT.

PERISCOPE.

OVARIOTOMY—WHO FIRST PERFORMED THE OPERATION?

In his report, "Improvements in Surgery in the Last Fifty Years," published in the transactions of the American Medical Association for 1860, Dr. Joseph N. McDowell, of St. Louis, says:—"I hold in my possession testimony which must prove, satisfactorily, that the credit of the first operation does not belong to Dr. Ephraim McDowell, but to others. In 1808, a lady of Stanford, Kentucky, called on Dr. E. McDowell to be examined and operated on by him. He pronounced it a case of ovarian disease, and told her it was incurable, for she must eventually die by the bursting of the tumor in the abdomen. She returned home in despair, but, having related her case to an old Indian hunter, who, in later life, had made his living by speying animals, he proposed to cure her if she would submit to the operation. She said it was but death and she would try it, and, accordingly, John King opened the abdomen as he would that of a sow or heifer, and the tumor being pedunculated, he passed a ligature around the neck and cut it off, and in two weeks the woman was entirely recovered. Mr. John Camden, of New Orleans, and Peter G. Camden, formerly a mayor of this city, (St. Louis,) will both testify to the correctness of this statement."

[The above story is pretty well told, and may be true, every word. It certainly *seems* to be well authenticated, but it pre-supposes an amount of anatomical, physiological, and pathological knowledge that would hardly be found in an Indian hunter, even though the later years of his life had been spent in speying animals. It is one thing to spey a sow or a heifer, but quite another to spey a woman,

without some anatomical knowledge. But our readers have the story for what it is worth—it *may* be true.—Eds. Med. and Surg. Reporter.]

THE DIAGNOSIS OF HYDROPHOBIA.

M. A. Samson (*Journ. le Med. et Chirurg. Prat.*) lays great stress on the importance of an early diagnosis of Hydrophobia, as being the best preventive of a spread of the disease. After detailing the ordinary symptoms of the disease, M. Samson goes on to say:

"But there is an unmistakable sign, which is never forgotten by those who have once heard it; it is the *howling of the rabid animal.* The voice of the mad dog undergoes a special modification, which conclusively points to the diagnosis. Nothing is more convincing than the following fact, related by Mr. Bouley:

"One Sunday, two pupils returning to the School (Veterinary) of Alfort, at nine o'clock in the evening, heard the howling peculiar to rabies, which proceeded from a watch-dog in a neighboring house. They hastened to apprize its master of the impending danger. Fortunately the dog was still chained up, and was not released that night. On the following morning he was taken to the school, and pronounced to be rabid, to the great astonishment of its owner, who could not believe that this animal, *still as docile, as caressing, and obedient* as in health, was attacked with so terrible a disease. The presence of mind of these pupils, doubtless, prevented great misfortunes; had it not been for their interposition, this dog, which was of a large size, would have been let loose, perhaps have escaped, and might have occasioned many accidents in the surrounding country.

"In this instance, the diagnosis reposed on the mere sound of the voice, and was accurate. Mr. Samson, then a pupil of the school, saw, some days after, the same dog die with all the symptoms of rabies."

NEW PROPOSITIONS IN SURGERY.

Dr. E. S. Cooper, of San Francisco, says that at the next meeting of the Medical Society of the State of California, he intends to present the following propositions, and offers them for criticism or refutation:

1st. That atmosphere, admitted into the joints or other tissues, is not a source of irritation or injury, excepting where it acts mechanically; as when admitted into a vein by producing asphyxia, into the thoracic cavity, by its pressure producing collapsion of the lungs, or when, by the long-continued exposure of a large amount of surface of any of the internal organs, whose normal temperature is much above that of the atmosphere, it reduces it so as to produce a morbid action.

2d. That the division of entire ligaments about the joints is no impediment to their ultimate strength and mobility; but, on the other hand, this operation will often greatly facilitate the cure by enabling the surgeon to open the affected part fully, for the purpose of applying medicinal substances to the articular surfaces, when these are ulcerated or otherwise diseased.

3d. That the only true mode of treating ulcerations of bone, however slight, within the joint, is to lay it open freely, and apply remedial agents directly to the part affected.

4th. That opening the joints early, in cases of matter burrowing in them, is far more imperiously demanded than the opening of other parts thus affected, and the operation produces no further pain or inconvenience to the patient in any respect than when performed on parts remote from the joints.

5th. That after opening a large joint, the knee, for instance, by an incision several inches long, the wound should be kept open by the introduction of lint, or other similar substance, until the parts within the articulation become healthy, and, in all cases, it should be made to heal by granulation.

6th. That extensive wounds opening freely the large joints, such as the knee, (even when lacerated, as by a saw, which must necessarily heal by granulation,) do not as often give rise to violent symptoms as very small wounds, such as are made by the corner of a hatchet, an adze, or a pen-knife, which heal on the outside by first intention.

7th. That there are no known limits beyond which a tendon or ligament will not or cannot be reproduced after division, provided the parts are made to heal by granulation, and that the present acknowledged rule of two inches being the maximum distance in which the divided ends of a ligament or tendon can safely be sepe rated, has not the least foundation in fact. Each of the above propositions has been fully tested by experience in numerous cases, which, during the course of a series of articles, shall be drawn upon as largely as brevity will admit of.

CHLOROFORM IN POISONING BY STRYCHNIA.

Dr. M. Schuppert, of New Orleans, in the *Medical Times*, of that city, publishes a case of the successful use of chloroform by inhalation, in poisoning by strychnia. The patient, a medical man, had accidentally swallowed about a grain of strychnia. The spasms, which are described as fearful, were readily subdued by the chloroform, but it was found necessary to keep the patient constantly under its influence for many hours. About six ounces of chloroform were used in less than six hours.

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There were 141 graduates from the medical department of the University of Nashville at its commencement, recently held.

REVIEWS AND BOOK NOTICES.

Valedictory Address to the Graduating Class of the Homœopathic Medical College of Pennsylvania, at the Thirteenth Annual Commencement, March 1st, 1861. By Thomas Moore, M. D. "—— *miseris succurere disco.*" —Virgil.

Medical Valedictories at this season are as plenty as blackberries in August. In their appearance, too, they resemble that of the chameleon, of varied hues. We have selected the one bearing the above title, for notice in this week's Reporter, as the most *atomic* of the group, and because "facts interest *us more* than any theories," and because, "what *we* have *seen*, *we* do not doubt and will not disbelieve."

"In behalf of my colleagues, it becomes my pleasing duty to extend to you their cordial valedictory congratulations, and to bid you, in their name, an affectionate farewell. Farewell! How many joyous, yet sorrowful thoughts does this little word suggest! It breathes at once a blessing and a prayer; a blessing on your future aims and endeavors; a prayer that God may still watch over you, and guide your footsteps in the paths of pleasantness and peace.

"With that little word we dismiss you from our charge."—P. 1.

"But, gentlemen, we must detain you no longer; other voices are calling you away. Sounds from home are already ringing on your ears. Fond hearts are already throbbing with joyful emotion, in anticipation of your coming; and it may be, that gentle eyes are already watching for your return.

"A father's cheek flushes with pleasure and with pride, and a mother's breast heaves with mingled hopes and fears while awaiting your arrival. But is there not one dearer than these, who may, perhaps, be listening for your coming footsteps, with an anxiety, which none but she can feel, which she would blush to acknowledge? Go then to the happy meeting."—P.16.—*T. Moore, M. D., Valedictory, March 1st*, 1861.

"I am commissioned by the Faculty to extend to you their valedictory congratulations, and to bid you, in their name, an affectionate farewell.

Farewell! How many suggestions, both joyous and sorrowful, are connected with that little word. It includes within its narrow compass at once a prophecy and a prayer—a prophecy of a prosperous future for you, and a prayer that your feet may be guided in the paths of pleasantness and peace. With that word we dismiss you from our charge."—P. 1.

"I have detained you long already, gentlemen. The voices of home call you away from us. Loving hearts yearn for your return, and gentle eyes already begin to look for your coming. A mother's anxious breast heaves with mingled hope and fear, and a father's cheek flushes with pleasure.

"A dearer than these perhaps may listen for the coming footsteps with a secret anxiety she would blush to utter. We would not, if we could, keep you from the happy meeting. Go then, &c."—P. 21.—*H. S. Patterson, M. D., Valedictory, Pa. Col., March 7th*, 1849.

The motto for this portion of the Valedictory should have been "meum et tuum."

For the balance of Dr. Moore's address, Shakspeare has left on record the best of all criticisms:

"Speaks an infinite deal of nothing: his reasons are two grains of wheat hid in two bushels of chaff; you shall seek all day ere you find them; and when you have them, they are not worth the search." W. J.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 23, 1861.

INTER-SESSIONAL MEDICAL TEACHING.

This season of the year is very appropriately devoted, particularly in our large cities, to private medical instruction by means of didactic lectures, with illustrations and demonstrations, and by the more direct method of question and reply—or, in ordinary student parlance, by *quizzing*. There are many intelligent, able, practical men, who devote themselves to this work of private medical instruction, and whose intercourse with their pupils, being free and familiar, is calculated to aid them materially in the prosecution of their studies. The courses of instruction are thorough and well demonstrated. The student of medicine is very fortunate who can avail himself of these unusual advantages. They well repay their cost.

This species of medical teaching has some decided advantages over the winter courses — the advantages, indeed, of a deliberate *tête-à-tête* meal in the family or restaurant, over the boisterous, gormandizing, and cramming public dinners so familiar to all who resort to our large cities. More food may be imbibed at the latter, but it is illy digested,

and is too often followed by a hyperæmic state of the system, that makes one, for a time at least, feel anything but comfortable. Still, a "public dinner" can be had on no other terms.

Up to within a few years, most of the private teaching in this city was monopolized by the professors in our medical colleges, or by a few who were regarded as in the direct line of succession to professorial chairs. These gentlemen held charters of Medical Institutes, in which a corps of six or eight would unite in giving a demonstrative course of lectures on the various branches of medicine to their own students, or any others who might choose to take their tickets. This plan, perhaps, on account of past associations, has always commended itself to our judgment, as the best that could be devised for inter-sessional medical instruction. There was sufficient formality about it to impart some system to medical teaching, while the familiar intercourse between the students and the lecturers, or, at any rate, their own preceptors—who, as we have said before, if not themselves professors, were so capable as teachers, as to be regarded as in the regular line of succession to professorial chairs — aided the former greatly in their studies, and placed them on a very good footing for a profitable attendance on the succeeding winter's course. Some of the best-informed practitioners of medicine and surgery in the United States at this day, hold the diploma of Dr. Chapman's old Medical Institute that met in Lodge alley, or of the Association for Medical Instruction whose habitat was in College avenue. It may be old fogyish in us to wish the days of these institutes back again: if it is, our readers must pardon the weakness.

It must not be supposed, however, from anything we have said above, while under the influence of a longing after the "good old ways," that no good facilities exist here for didactic and demonstrative medical instruction during the interregnum between the regular courses in the colleges. On the contrary, these facilities do exist, are ample, and may, in spite of our prejudices, be superior to the old institute teaching. The difference is, that instead of two associations for medical instruction there are a dozen—instead of six or eight lecturers on the several branches in each association, there are two or three who divide the branches between them. The classes, in consequence, are smaller, which may have its advantages. Certain it is, the facilities for thorough inter-sessional medical teaching in this city are of the highest order. The same may be said, also, of New York, Boston, and other large cities.

In connection with this species of medical instruction in this city, we wish to say that more liberality ought to be shown by the trustees and managers of our hospitals and dispensaries in giving medical teachers opportunities of illustrating their lectures by patients drawn from them. Take the Philadelphia Dispensary, for instance —what a splendid course on diseases of the skin, or of the eye, or of the chest, etc., etc., might be given by a competent teacher, if there was a lecture room connected with the Dispensary, in which he might give instruction to limited classes of medical students. Something of this kind is due to a profession, "to which the world has always looked to carry out her great humanitarian causes." It would be but widening the influence of these eleemosynary institutions for good, by using them to render a class of men competent to perpetuate their objects—the relief of human suffering.

The lecturers and teachers in this city, however, provide cases to illustrate their courses, and it is to spare them the trouble and expense of doing so, that we make the above suggestion.

The thought has occurred to us, why should medical institute teaching be confined to our large cities? Why not have medical institutes or academies in healthy, attractive localities throughout the country, to prepare students for medical, as well as classical and literary academies to prepare them for other colleges? Would not a little associated effort of this kind to establish medical academies, have a good effect in advancing medical education? We think it would be an improvement on the plan of "reading" or "riding" with many of the doctors who take in students, and whose notions of medicine are very crude indeed.

THE NEED OF A PUBLIC MEDICAL LIBRARY IN PHILADELPHIA.

There is not, in this city, a medical library which is, on any terms, fully accessible to the profession. The mass of the practitioners, when they wish to refer to a book which they do not possess, are compelled to purchase it. This, without knowing more of it, frequently, than the publisher's announcement, may not always be advisable, nor very convenient.

We have in Philadelphia the largest medical libraries in the country, and although they are of great utility, in the restricted limits of those who are entitled to a recourse to them, yet, to most of the medical practitioners of the city, are inaccessible, and, perhaps, to many even their existence is unknown.

The largest library is that of the Pennsylvania Hospital, which dates from the year 1763, and has steadily increased in size until the present time, when it contains more than eleven thousand volumes. It has been kept well up with the progress of medical literature, and its antique medical productions could not be replaced. A Catalogue Raisonné, which has been recently prepared, is a model in its way, and the collection has, in itself, all the requisites of a good library. Unfortunately, the terms on which its use is offered, although really low for the great benefit which may be derived from the investment, are not such as are convenient to the generality of practicing physicians, particularly so to beginners, who have most need of a library, and the most time to spend in reading. The library, too, can be entered only during two inconvenient hours in the week.

The library of the Philadelphia Hospital is large and valuable, and replete with ancient medical literature. But for a number of years nothing has been added to it, and it has, on the contrary, suffered considerable from sacrilegious depredations. Its doors are, at this time, entirely closed, but it is under good guardianship, and is being re-arranged and catalogued, so as to be again of use to those connected with the hospital.

The library of the Society of the College of Physicians is extensive, but is confined, of course, to the members of the association, and really appears to be but little resorted to.

There are other libraries of a limited character, held in restriction, as those of the smaller hospitals and medical associations. The libraries of a general character, as the Philadelphia, Mercantile, and others, do not contain sufficient medical literature to obtain the interest of the profession.

Thus are all the great collections of books shut up from those who most need them, and have no other resource for research or study.

What is wanted, is a library conducted on the liberal terms of most public libraries, kept replete with the latest medical monographs and journals, and always accessible during the usual business hours of the day. There are few of the profession who would not be favorable to the project of such an institution, and many of the most eminent would give it their influence and pecuniary aid. There are few who could not be benefited by the opportunity of a recourse to a well-provided medical library. Many practitioners have, it is true, large private libraries, but these, if examined, would, for the most part, be found to consist of elementary works, such as they purchased during their collegiate courses. The additions since that period have, probably, been merely the same kind of elementary works, which have more recently appeared, and thus they go on burdening their shelves with heavy volumes without really adding much to the intrinsic value of their collections.

Something more than this is wanting in a library, but which is not attainable without a considerable outlay, and the exercise of much judgment and a knowledge of literature. Monographs of an exhaustive character, records of observation, experiment, and research, and the medical periodicals of all languages of civilization—which are the living history of medical progress—are what are most lacking in private libraries.

What are wanting, too, in the libraries of individuals, are the almost forgotten works of the great men of the profession, of every age, whose labors should be remembered, and stand forever as the landmarks which signify points

gained in the way of progress. Old books are not necessarily stale books. No new book can be in reality the offspring of a single mind, but must, for the most part, be a repetition of what has been from age to age transmitted.

The only means of establishing a library, for the whole profession of the city, would be by a company associated for that single object. None of the medical societies now existing could accomplish such a project. No one society will ever be acknowledged to be the representative of the whole profession of the city, and the histories of most societies show them to have been controlled to the exclusion of the majority of the profession, by local or factious interests. Perhaps an enterprise like that of Mr. Mudie, of London, which has the character of an extensive circulating library, and which purchases a large number of copies of every new publication, might, in this country, if conducted on liberal terms, be well patronized, though here, where literature can be so cheaply purchased, such an establishment might, perhaps, not be sufficiently supported. At the same time, a full library, in which could be found both American and foreign literature, would be generally resorted to.

If there are those among us whose spirit and philanthropic inclinations would induce them to undertake the organization of a library association, support from the profession could be insured them. All that is required is that the initiatory steps be taken by those in whom the profession have confidence. Sufficient funds for a commencement could soon be raised, and, in time, liberal donations and bequests would make the institution one of great worth and usefulness.

DRUG INSPECTORS.

Among the important appointments in the hands of the administration of our national government, is that of Inspector of Drugs in our large cities, through which importations are made from abroad. As a change of administration generally carries with it a change of most of the subordinates under the government, it is probable that the office in question will be filled by new incumbents. We know nothing at all of the qualifications of those who now fill these posts in our various ports of entry. If they are "capable and honest" we earnestly hope that they will be retained, but if, from any consideration, it is judged best to remove them, we trust that more regard will be had in filling their places to ability properly to discharge the duty than to any mere political claim that may be set up. It is a very important thing to prevent the importation of deleterious drugs, and the man most competent to fill such a post would probably be a very inefficient party-man. As regards this city, we should think it would be safe to follow the advice of the Drug Exchange in the matter. Let us have *competent* Inspectors of Drugs!

Correspondence.

MASSACHUSETTS CORRESPONDENCE.

Boston, March 15, 1861.

MASSACHUSETTS GENERAL HOSPITAL.

Messrs. Editors:—I promised in my last to continue the report of the Massachusetts General Hospital, and give your readers an abstract of the annual reports of the Physician and Superintendent. That promise I now fulfill, and place before you the extract from the interesting report of Dr. John E. Tyler, Superintendent of the Asylum. It is relative to a matter which has repeatedly been urged upon the attention of the community by the officers of lunatic asylums, but which cannot be too often impressed upon the public.

"Too much can hardly be said of the great importance of an early resort to proper treatment in every case of insanity. No instance of decided mental obliquity should ever be considered of trifling moment. As the brain is the most important organ of the human system, so any indication of its ill-working should be regarded with serious concern, and reference to immediate and entire correction. It should be understood that the mischief of all those temporizing expedients and second best ways commonly resorted to, and almost never with benefit—such as supervision at home, visiting acquaintances, traveling with friends—does not consist merely in a loss of time and a proportionate deferring of recovery, nor in the simple aggravation of the disorder to a more protracted yet limited disease, but in this—that to these ill results is superadded the fearful one of irrecoverably wasting the period in which the disease is amenable to remedies, and fixing the

fact of its incurability. In this form of disease, which is of a melancholy and depressing nature, a prompt and right course is pre-eminently important, not only for the reasons above given, but for the tendency to self-destruction which always exists in such cases. The woeful experience of the last year, in multiplied instances in our community, gives greater emphasis to this consideration than any words can give."

The following statement will show the enlightened nature of the treatment of this asylum:

"As many of the family as could safely do so, have visited the different places of interest and amusement in the city. The aquarial gardens, the picture gallery of the Atheneum, and the Mechanics' Fair have been visited with great satisfaction. Some have enjoyed the opera and the museum, and others were delighted with the wonderful chorus of the children in the Music Hall, at the School Festival and the Prince's visit; and many have witnessed the various military parades, and the regattas upon the neighboring rivers. In their season, large sleighing parties have been made up, and followed by festivities, and the holidays of the year have, as usual, been celebrated by social gatherings 'in the oval room.'"

In addition to these, the inmates have had saddle horses and carriages for rides and drives into the country, and about the grounds, facilities for playing ball, billiards, and bowling, gymnastic exercises, an excellent library, the current literature of the day, musical entertainments by eminent artists, and lectures by distinguished gentlemen, have been provided for the patients.

What more could be done to restore reason to these poor creatures, and drive away the frightful fantasies that possess them?

POISONED PAPER-HANGINGS.

The following is a letter addressed to the public by A. A. Hayes, M. D., State Assayer:

"The frequency of accidental poisoning occurring from the use of the arsenic-acetate of copper ('schweinfarth green') as a pigment, leads me to call the attention of the public to this subject as one of importance in connection with health.

"From year to year, an extension of the manufacture and consumption of this article, composed of *arsenious acid*, *acetic acid*, and *oxide of copper*, has taken place, as a consequence of its brilliant and clear green color. At this time, either alone or mixed with other green pigments, it forms a large part of the whole of the fine green used in painting, decorating, and ornamenting. Its application to paper hangings was made within a few years, as a substitute for 'Scheeb's green,' a less soluble and far less noxious compound. Immediately after it was so applied, cases of anomalous poisoning occurred, which for some time could not be traced to this source. The journals reported cases of poisoning more or less severe, and finally the Prussian authorities declared the manufacture and sale of paper hangings colored by this pigment, illegal.

"In England, owing to a growing taste for dark colored papers, the effects of this poison were soon after noticed, and not only the occupants of apartments where green colored paper covered the walls, were affected seriously, but servants who dusted, and the persons who applied it, were poisoned.

"In this country, the consumption of this pigment is increasing rapidly. The green-figured paper hangings—suggesting the impression of coolness—are chosen for covering the walls of summer apartments, in both town and country. Numerous cases of disease in this city have been traced to the poisonous effects of the green pigment on these papers, and some of the more strongly-marked instances of arsenical poisoning have been under treatment by eminent physicians here.

"It is not alone in this connection that this pigment acts as a dangerous substitute for other colors. Fancy paper for many purposes is tainted with it, and our shops display envelopes, cards, boxes, imitation leaves and flowers, covered thickly with its powder.

"The wreaths worn by ladies on festive occasions, often in contact with the moist skin, are poisoned by this substance.

"In the green color of sugar confectionary I have, besides, repeatedly found this poison presented in a most attractive form, and in a warm climate the wooden conduits for rain water, used for all domestic purposes, had their interior surfaces painted with this pigment.

"Among green pigments, this one is readily distinguished, by its brilliant hue, from others which have been long used; and it is in the more strongly green figures of paper hangings that it is chiefly found. The deep-green flock papers, and those with broad stripes, generally have a coating of this pigment, so loosely attached as to be easily brushed off in handling it. This is one of the most dangerous kinds of paper, as the poison is communicated to the human system in the form of dust rising with the dust from other sources in a room. Affections of the throat and lungs, thus produced, often baffle medical skill while the exposure continues; and often the source of disease remains long undiscovered.

"When mixed with other pigments, a firmer attachment to the paper is secured, and here the use of the lens will generally enable one to detect it. A strip of the deep green part of the paper embued with arsenical pigment, slowly burning in a lamp flame, will give off the odor of garlic quite distinctly.

"If the application of this poisonous color to paper hangings had been made under a cover of varnish, or if walls now in part covered with it were properly varnished, much of the risk attending the exposure would be removed, and all the beauty of the color would be retained.

"There can be no excuse offered for mixing this color with green flock, as the dyer of the flock can rival the color of the pigment easily.

"This subject, without prohibitory laws, may safely be trusted to enlightened public opinion, as there are few intelligent persons who, *knowing the extent of injury which may arise from the gratification of mere choice in the selection of paper hangings or ornamental paper*, will now risk the lives and health of themselves, or those dear to them, on such slight grounds.—*A. A. Hayes, M. D., State Assayer.*"

Varioloid has made its appearance in the country, and the populace having become excited, our physicians have as much as they can do to vaccinate all who apply to them for that purpose.

The disease seems to be spreading, and the demand for good vaccine virus is very great.

M.

FOREIGN CORRESPONDENCE.

Malaga, Spain, February 18, 1861.

Messrs. Editors:—When one, who has been accustomed to the cold winters of our Middle States, arrives, for the first time, in a climate where, in January and February, he sees roses blooming and trees blossoming, the effect is almost startling; it seems as if fairy land was suddenly opened out before him. Such were my feelings when I arrived in Andalusia. I cannot help constantly recurring to my first glimpse of tropical plants in the faint twilight of the morning, as the diligence in which I was sitting was descending into the sunny plains of the south of Spain, and to the beautiful valley, covered with green olive trees, which, in a few minutes, a little more light enabled me to see.

It may, perhaps, be interesting to some of your readers for me to mention a few of the plants which are most common here. The most common of all is, perhaps, the olive tree; it is certainly the most common *tree*; but the Agave Americana, or American Aloe, perhaps rivals it in frequency of occurrence, as you may be said never to be out of sight of it: you see it forming almost every hedge. The immense flower stem of this plant is to be seen in great abundance in some places, although the flowers have, by this time, all fallen, and the leaves of these plants are universally dying or dead, the force of growth having become exhausted in the production of the seed. Century-plant is not a proper name for it, as whatever happens in green-houses at home, it *here* flowers in much less time. Although the plant perishes after flowering, yet new leaves spring up from the root, and sometimes several new plants arise by the side of the old decaying one. Mingled with the Agave hedges, and sometimes forming a hedge by itself, may be seen the enormous cactus, which bears the prickly pear, and which must form a very efficient impediment to unlawful encroachments, as it wounds not only by its large points, but by innumerable little stings, like those of the Dolichos pruriens. I have noticed another species of cactus, which grows 12 or 14 feet high, but I have not seen it used for hedges.

In Gibraltar, the Aloe Arborescens was very common and very beautiful, being in full bloom on the 5th of February, when I was there. Other plants in flower at the same time, were the almond tree, an acacia tree, Lavendula vera, an endogenous plant allied to the Scilla, and a little herb belonging to the Sabiatæ, the name of which I did not learn.

The orange trees, too, are now beginning to blossom, although the branches are still laden with the fruit. The fruit is just beginning to show itself on the date palm, which is often seen raising its head above the neighboring trees.

A very common weed, growing over entire fields, is the little palm or palmato, which, however, never grows as high as the palmetto of the Southern States, two or three feet seeming to be its limit.

The two prominent evergreen trees, beside those already mentioned, the encina, or evergreen oak, which is never of very great size, and the Pinus Maritimus, which is often seen covering the sides of hills, and, sometimes, also interspersed among olive trees, and distinguishable by the dark green color, even when at too great a distance for the shape of the trees to be seen.

There is a species of phytolacca here, which is a tree. It is bearing the berries now, and they have a striking resemblance to the ordinary poke berry of Pennsylvania, the Phytolaca decandria.

Thyme, rosemary, and lavender are very common. Elaterium also, at least at Gibraltar; but the little cucumbers have not yet begun to show themselves. The liquorice plant is to be found, but I have not yet seen it.

At Gibraltar, I visited the Naval Hospital, which, however, is naval only in name, as it has been lent by the naval authorities to the military department, and is now used exclusively by them. It is built, like most buildings in this hot climate, around a court-yard, and with an open corridor running around inside. It is two stories high, and arranged in such a manner that each regiment has its own ward, its own apothecary, its own kitchen, and is kept in every respect separate to the others. This, of course, has its inconveniences, as well as its conveniences, rendering necessary a greater number of employees than is at all needed in time of peace. There are sixty or seventy beds for each regiment, but now very few of them are occupied, and those soldiers who *are* sick, are almost all afflicted with syphylis or gonorrhœa.

The medical officers of the British army have the right to retire on half-pay after 25 years service, provided a certain number of these years have been in foreign countries. They have an advantage over the other officers in the army in one respect, that their pay increases with time, even without any elevation of the grade. Half-pay is so only in name; in reality, what is called by that name, is seven-tenths of the salary at the time of retiring.

Very truly, yours,

M. D., Abroad.

P. S.—Here, in Malaga, I have visited a Military Hospital, but there seemed to me to be nothing in it worthy of special attention, so I shall not trouble you with a description of its wards, where, as in Gibraltar, venereal disease was the one with which most of the patients were afflicted. In the kitchen I tasted some of the soup, and also some wine, fresh out of a pig-skin, for of *that nature* are the wine bottles of Spain.

OMENTAL TUMOR.

Messrs. Editors:—Looking over the clinical remarks of Dr. J. Da Costa, in your Journal of the 9th inst., I noticed an account of an omental tumor which interested me, as I had a patient at the time with a tumor, almost precisely similar in appearance, externally, with the exception of the tumor, in my case, being symmetrical, and not extending more to one side than the other.

Dr. Da Costa's cut represents the tumor as extending to a greater extent laterally on the right side than on the left; with my patient the extension right and left of the median line of the abdomen is the same, and from below, upward, or perpendicularly the same as that of his patient.

My patient is a child eight years of age. I examined her by percussion and other means of diagnosis, and found that when I pressed over the epigastric region, she complained of soreness, and that percussion gave a sound which indicated that the contents of the tumor were aqueous. After a little reflection I set it down as dropsy of the omentum minor, and proceeded to treat it according to the diagnosis thus made out. I ordered her a diet of oatmeal gruel, and powders composed as follows:

℞. Pulv. digitalis, gr. iv.
Hyd. chlo. mit., gr. vj.
Pulv. potass. nit., ʒj.

Divide into twelve powders; one every three hours through the day.

Previous to using the powders, I used a cathartic of castor oil; afterwards the bowels were moved by the powders.

After using the powders five days, a very offensive breath was produced. Thinking that the mercurial caused this condition, I used in place of the powder equal portions of the spiritus mindereri and spt. oph. nit. After the second day, the tumor subsided rapidly, and I think that at the end of seven or eight days, at farthest, the tumor was entirely gone, but that there should be a certainty of its entire departure, I used the last-mentioned preparation three days longer.

To remove the fœtid breath, I used five drops of pyroligneous acid three times a day. This corrected the fœtor in two days' time.

It will be perceived that Dr. Da Costa and I pursue different plans to effect the same result. The doctor seems to be possessed of the Brunonian idea that in all diseases there must be debility. We both had the same object in view that was to excite the absorbents, although the fluid in his case was blood, and in mine serum. I used somewhat of an antiphlogistic treatment; the doctor a tonic and deobstruent. With all respect for Dr. Da Costa, I think my plan decidedly the best.

Respectfully,

WILLIAM P. MARR.

Summit Hill, Carbon co., Pa.

NEWS AND MISCELLANY.

Influence of the Climate of California on Prolificity.—Dr. Keeney, U. S. A., in his official report, says:—"It is a notorious fact, that when females from the Atlantic States arrive on this coast, those who have been barren for years, and those who have never borne children at all, no sooner become acclimated than the uterine organs assume a new tone, and conception immediately follows. This change of the uterine functions is not temporary, but is continuous, and the once sterile female may calculate with the greatest certainty that the end of every eighteen months will bring an offspring.

"The American cow, after reaching this coast from the plains, will bring a calf every ten or eleven months, and this calf will bring forth young when two years old. Sheep breed twice, or more frequently bring forth two at each birth than one. Swine have five litters in two years.

"If I were to advance an opinion of my own on this great procreative tendency of both man and beast on this coast, I would attribute it in a great measure to this bland and stimulating climate. The climate has certainly the effect on females who come here, of producing an immoderate action of the catamenial functions; and on man, of arousing his dormant venereal propensities. But I will not attempt to offer any further cause for this, but will leave it for the more scientific."

Medical Science Cosmopolitan.—The cosmopolitan character of the votaries of the science of medicine received an apt illustration in the war of 1859, in Northern Italy, as, indeed, it does on every unfortunate occasion, when nations resort to the terrible arbitrament of the sword to settle disputes, which, after all, are ultimately settled on parchment! The *Medical Times and Gazette*, says:

"The battles of 1859 overcrowded all the hospitals of Northern Italy with the wounded. A sanitary commission was organized, and large hospitals were opened for the wounded and sick of the three belligerent nations. After the battles of Magenta and Melagnano, a few hours sufficed to open twenty-four hospitals in the city of Milan, where nearly *twenty-six thousand* soldiers were provided for by 280 civil practitioners. After Solferino, Brescia, with a population of 30,000 souls, opened thirty-two hospitals, and received patients therein equal in number to one-half its inhabitants. In the various localities the practitioners of the towns and villages rushed to the succor of the wounded, even to the field of battle and under the fire of the enemy. This heroic conduct has been fully appreciated by the military medical officers of both the National and the French armies; and between the military and civil practitioners, between the heads of the French Medical Service, and the physicians of the improvised hospitals, there has taken place an interchange of correspondence, in which gratitude and sympathy have dictated sentiments and expressions naturally called forth by events of such importance. During all the vast rush of emotions under which all Lombardy has been in ecstacies, filling the Corso or la Scala of Milan with tumult and *vivas*, and crowding the ladies with their handkerchies to the balconies, there has been established in the medical atmosphere a more restrained, deeper, and more durable current, in harmony with the grandeur of their united work of courage and charity. Fourteen crosses of the Legion of Honor have been distributed among the Italian practitioners; of this number the medical press has received four, in the persons of Strambio, editor of the *Gazetta Medica di Lombardi;* Borelli, editor of the *Gazetta Medica dei Stata Sardi;* Griffini, editor of the *Annali Amodei;* and Masore, editor of the *Liguria Medica.* The distinction was intended to recompense the intelligent zeal which they had shown in the establishment of provisional hospitals. M. Marzolo, a practitioner of Padua, had manifested so much humanity towards the wounded of the enemy, that the Austrian government felt itself compelled to decree him a medal. But Hippocrates still lives, and the present was refused."

A new medical journal is to be established in Portland, Oregon.

Dr. Isaac Wood has been appointed President of the Medical Board of Bellevue Hospital, New York, and Dr. John T. Metcalf has been appointed to the vacancy occasioned by the death of Dr. John W. Francis.

The Model Doctor's Wife.—In an eloquent eulogy of the late Dr. Francis by Dr. A. K. Gardner, of New York, is an allusion to the companion of his life, the one who, most of all, feels the sad bereavement. We had for years looked on Dr. Francis as the realization of our ideal of a great and good physician, and a social visit to his hospitable home, and an acquaintance with his beloved wife, showed that the model doctor was, indeed, blessed with a model wife.

"That Dr. Francis achieved all that he did, is in no small degree owing to the opportunity afforded for the expansion of his genius by the freedom from domestic cares, by the methodical disposition of household matters, by the relief from many of the annoyances, petty vexations, and harassing disturbances incident to the life of a practicing physician. She it was who attended to the innumerable callers desirous of the doctor's signature to petitions, influence with parties or mere loungers, aiming only to pass some of their vacant hours agreeably. She received his professional calls, arranged his numerous consultations, remembered the ages of the children in his practice, provided virus, and saw that they were duly vaccinated. She attended to the nightly calls, thus preventing the exposure which, to the doctor, was so apt to be followed by the most serious laryngitis. I have necessarily alluded to these facts, because to them the doctor owed so much of the time which he used to such good purpose, and because it seemed due to pay a passing tribute to the exemplary, devoted, genial, beloved woman, the pattern doctor's wife."

Army and Navy Intelligence.—The leave of absence heretofore granted to Assistant-Surgeon G. Perin, has been extended to April 1, 1861. At the expiration of his leave, he has been ordered to report for duty at West Point, New York.

The leave of absence heretofore granted to Assistant-Surgeon R. V. Abbott, for the benefit of his health, has been extended to July 1, 1861.

The following naval general orders on rank and precedence, were issued on the 25th ult.:

Surgeons of the fleet, and surgeons of more than twelve years, rank with commanders.

Surgeons of less than twelve years, rank with lieutenants.

Passed assistant-surgeons rank next after lieutenants.

Assistant-surgeons rank next after masters.

Commanders and executive officers, of whatever grade, while on duty, take precedence of surgeons.

Medical Commencements in New York.— The fifty-fourth Annual Commencement of the Medical Department of Columbia county, New York, (late College of Physicians and Surgeons,) was held on the 14th inst. After the administration of the Hippocratic oath, the degree of Doctor of Medicine was conferred on 61 young gentlemen.

The charge to the graduates was delivered by Edward Delafield, M.D., president of the college. He gave a brief biographical sketch of Dr. Bard, the founder of the present College of Physicians and Surgeons, and eulogized his life and labors.

Dr. Lyman, of the graduating class, delivered the valedictory address, and Dr. Smith then announced the awarding of prizes for dissertations, as follows:—The first prize, of $50, to Mans Rosa Vedder, of Schenectady, New York; and the second prize, of $25, to Charles Carter, of New York.

Honorable mention was also made of Alfred North, of Connecticut; Henry M. Lamont, of New York, and William Henry Carman, of Pennsylvania.

The committee empowered to award the munificent prizes offered by Dr. Jacob Corson, announced that the first prize of $100 and a gold medal of the value of $50, was awarded to John A. Shread, Jr., of New York, and the second, of $50 and a silver medal, to John Elderkin, also of New York.

The New York Medical College held its Commencement on the evening of the 13th. There were seventeen graduates, who, after having subscribed their names to the Hippocratic oath, received the degree of Doctor of Medicine. The honorary degree of M.D. was conferred on two Cuban practitioners.

Certificates of proficiency in toxicology were given to twelve members of the class by Prof. Bern A. Budd. The prize for the best thesis was awarded to James E. Steele, and the second to J. Henry Guild. Four other theses were also recommended as worthy of especial mention, and of printing.

The valedictory address was given by Prof. Raphael.

Montgomery (Pa.) County Medical Society.—At the last meeting of this flourishing medical society, the following gentlemen were elected officers for the present year:

President—Dr. J. Newton Evans.

Vice-Presidents—Drs. Anderson and Newberry.

Recording Secretary—Dr. Robinson.

Corresponding Secretary—Dr. H. Corson.

Treasurer—Dr. J. J. Comfort.

Censors—Drs. Leedom, Wm. Corson, and Read.

Dr. J. J. Reese, late Professor of Chemistry in Pennsylvania Medical College, is organizing a class of students and graduates in medicine for *practical instruction in medical chemistry.*

The subject of toxicology will receive special attention, both in the determination of poisons (organic and inorganic) and the action of their antidotes. Pharmaceutic chemistry will also be studied, so far as it relates to the extraction of the active medicinal principles and the chemical reaction of medicines.

For further information, inquire at the Laboratory of Booth, Garrett & Reese, Chant street, rear of St. Stephen's church, Tenth street, above Chestnut.

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MARRIED.

York—Homer.—On the 18th instant, by Rev. W. H. Furness, George W. York, M.D., of Dansville, N. Y., to Mary A. Homer, of Philadelphia.

Willard—Spence.—At the residence of the bride's brother, in Murphveesboro, Tennessee, on the 5th March, by the Rev. Dr. Green, of Nashville, Dr. Sylvester D. Willard, of Albany, to Miss Ellen Spence, of the former place.

Dimmick—McQuade.—March 19th, at Port Carbon, Pa., by Rev. J. H. Wythes, M.D., Anthony Dimmick, M.D., of Jeansville, Pa., to Miss Mary McQuade, of Port Carbon.

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Answers to Correspondents.

Dr. G. F. C., New York.—We have no means of procuring vaccine virus direct from the cow, nor do we think that it is important that it should come from that source. We have sent you by mail some which comes from a perfectly reliable source.

Dr. C. R. E., Penn'a.—The Pennsylvania State Medical Society meets at Pittsburgh on the *second Wednesday in June.*

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COMMUNICATIONS RECEIVED.

Europe.—M. D., Abroad. *Arkansas*—Dr. E. Cross. *Connecticut*—Dr. C. R. Hart. *Delaware*—Dr. I. N. Knowles, Dr. D. W. Maull. *Iowa*—Dr. E. J. Fountain, (with encl.) *Kentucky*—Dr. G. Cowan, Dr. D. Johnston. *Massachusetts*—Dr. J. B. Brown, Dr. C. E. Buckingham, Dr. H. H. Mitchell, (4,) Dr. S. Orr, (with encl.,) Dr. A. Hinchborn, (with encl.,) Dr. Kingman, (with encl.,) Dr. A. K. Borden, (with encl.,) Dr. Babbitt, (with encl.,) Dr. E. D. Spear, (with encl.) *New Jersey*—Dr. Thos. Johnson, Dr. J. T. Calhoun. *New York*—Charles T. Evans, Dr. G. F. Collins, Dr. O. C. Gibbs, Dr. O. C. Alexander, Dr. L. Bauer, Dr. C. E. Halsey. *Ohio*—Dr. S. Wilson, W. S. Merrill & Co., Dr. R. Thompson, Dr. H. J. Hummel, (with encl.,) Dr. H. Culbertson, Dr. A. Metz. *Pennsylvania*—Dr. C. R. Earley, Dr. W. P. Marr, Dr. J. K. Hertz, (with encl.,) Dr. G. W. Riley, (with encl.,) Dr. W. T. Robinson, Dr. G. B. Curtis, (with encl.) *Rhode Island*—Dr. W. T. Brackett. *South Carolina*—Dr. J. D. F. Lever, (with encl.) *Tennessee*—Dr. H. M. Moore.

Office Payments—Dr. Eversfield, (Md.) By Mr. Hulme: New Jersey—Drs. D. L. Reeve, P. Lapham, A. Lutkins, W. K. Fort, and G. Saltonstall. New York—Drs. O. Roton, T. Mason, Homiston, Ostrander, Perine, Firth, Teller, Hill, Hutchins, Van Ness, Stewart, Higginbotham, Betts, Goodwin, J. H. H. Burge, J. J. Kelly, Osborne, Gray, McEntee, Murray, J. T. Evans, T. Ward, J. Galvan, Garnibrance, Cochrane, Perry, Farrar, Hardcastle, Colt, G. Weiber, E. W. Owen, A. B. & D. Sands, (adv.,) and E. Queru, (adv.) By Mr. Swaine: Drs. Ingram, Welch, Stein, Trau, W. Maddox, Sinclair, R. H. Townsend, and Claridge.

THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 232. } PHILADELPHIA, MARCH 30, 1861. { NEW SERIES, VOL. V. NO. 26.

ORIGINAL DEPARTMENT.

LECTURES.

Lectures on the Iris and Choroid and their Diseases.

By Laurence Turnbull, M.D.,
Ophthalmic Surgeon to the Howard Hospital.

No. 3.

Mydriasis or Abnormal Dilation of the Pupil.—In my last lecture, I spoke of this condition, and gave an example of a case in which it was produced by the application of extract of belladonna, or a solution of its active principle; this form of dilation is not permanent, but to-day I show you two cases in which it is permanent. In the first, it arises from detachment of the retina, and posterior effusion. In the second, it is the effect of paralysis of the third cerebral nerve. There are other causes which produce this condition, namely, dyspepsia, intestine irritation from worms, rheumatism, neuralgia, and excess in venery. There is still another cause, namely, the passage of a large diseased crystaline lens in the operation of extraction. Now, it is a matter of great importance to your patient to be informed at once if this condition depends upon diseased retina or simple mydriasis. By a simple experiment you can set the matter at rest. Take a card and make a pin hole through it, and let the patient hold it close to his eye. In the case of the patient with diseased retina, no improvement followed its use, but in a case in which the iris had been dilated from solution of atropia with a sound retina, she could see perfectly. In the case of Richard E., aged 31, with paralysis of the third pair of nerves, the vision was double and confused, in consequence of the defective adjustment this patient could see and also could read by the aid of convex glasses.

Treatment.—Loss of nervous power is to be treated by stimulating liniments, containing nux vomica or strychnia, with the preparations of iron, quinine, and nux vomica, internally. In rheumatic cases, small doses of acetate and carbonate of potassa, with Dover's powder at night, correcting the condition of the stomach with mild aperients. In cases of children in which worms are the supposed cause, the internal use of santonin in combination with bitter infusion and tonics.

The treatment in the case of paralysis of the third nerve will be as follows:

Dry cupping to the nape of the neck, and an occasional application of the artificial leech over the orbit, with the following pills:

℞. Hydrargyri bichloridi,
Strychnia, āā gr. ji.
Cinchoniæ sulph., gr. xxiv.
Ft. mass et in pil., No. xii., div.
Signa, one pill three times a day.

As the case progresses, apply tincture iodini to the orbital region and eyelid.

Mr. White Cooper has known mydriasis to follow blows upon the eye; he has seen more than one instance in which it came on in a week or two after the accident, apparently from paralysis of the iris; in his hands it has not yielded to treatment readily, and gives rise to unpleasant confusion of vision. He has found the use of a stimulating embrocation to the brow, and bichloride of mercury, with tincture of nux vomica internally, to yield the best results.

Myosis.—This is the opposite condition of the iris, tumid myosis, in which "the pupil is very considerably below the medium size, perfectly regular, extremely limited, and slow in motions, scarcely dilating at all when the patient passes into a dark place, and yielding little to the influence of belladonna. Both eyes are generally affected. The patient's vision is obscure, especially in weak light."

Exciting Causes.—Frequent and long-continued employment of the eyes in the examination of minute objects.

Treatment.—The eyes should be shaded; reading, writing, and similar laborious occupation of the sight should be avoided; exercise in the country; and the patient should retire to rest at an early hour.*

After a blow upon the eye and extraction of cataract there is sometimes left an "*Iridodonesis or Tremulous Iris.*"

The first case in which I saw it, was in an old lady, who had been operated upon by Dr. Fox for the removal of a cataract; it did not in her case interfere much with vision, but it is frequently connected with a fluid condition of the vitreous humor, and would lead us to suspect a diseased condition of the retina.

Great care in the use of the eyes is our only treatment of this abnormal condition.

Another condition of the iris, the result of a blow on the eye, is the *partial or entire separation of the iris from its ciliary attachment.*

This is always the result of a severe blow upon the eye, and causes great pain, with effusion of blood.

The following cases present examples of this form of injury. Martin Haley, aged twenty-three years, a miner, from Minerville, Schuylkill Co., Pa., came to the hospital August 28, 1856. He stated, that about a week before, while mining, a piece of coal struck the eye with great force, and from that moment his vision was gone. On examination of the eye, there was found inflammation of the whole globe, the eye projecting forward; the anterior chamber was filled with a mixture of blood, which obscured all behind it. By the free use of leeches, with purgatives, and small doses of calomel, this effusion was changed into a light yellow color, so that with a lens and a solution of atropia, I found almost one-half of the iris was detached, but I was unable to make an ophthalmoscopic examination. Sep. 1, directed again two dozen American leeches, and continued the solution of atropia. Sept. 10, much improved, able to distinguish objects, with the new artificial pupil, the iris having entirely covered the old one; he was then discharged at his own request. I was in doubt for some time whether or not he had detachment of the retina, but was much pleased with the result.

"On July 18th, 1851, I was sent for to a physician who had met with an accident the previous day. Whilst playing at cricket, with his sons, a pebble flew up and struck his right eye on the inner side, at the junction of the cornea with the sclerotica; the shock was so great, and the pain so acute, that his first impression was that he had been shot. When I saw him, the eye was ecchymosed and inflamed, the pupil widely dilated, iris tremulous, and detached at the point corresponding with that struck by the pebble. The pupil was also somewhat displaced downward and outward, and was slightly oval in form.

"Leeches were used, and he was brought under the influence of mercury. The inflammation gradually subsided, and the power of vision slowly returned, though when I saw my patient twelve months afterward, the sight was not equal to its condition before the accident."*

Mr. Middlemore remarks that great confusion of vision may arise from a supplementary aperture in the iris, and that it may be desirable to make the two pupils into one, by dividing the intervening portion of iris, but in the case I have recorded, there was less confusion than might have been expected. I considered there was no absolute necessity for operative interference.

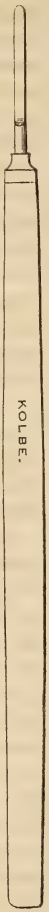
Accidental Wounds and Operations upon the Iris.—Although, as you now can well understand, the iris is a highly vascular structure, yet clean, incised wounds and operations upon it are not as painful as we would suppose, and do not give rise to much inflammation, even when cut and torn, unless the iris is diseased or the operation be performed roughly. But, as I have already demonstrated to you, that, when injury or wounds of the iris, or even undue pressure from a displaced lens, the most serious consequences may result, and the inflammation traversing along from the iris to the choroid and retina, blindness is occasionally the result, or the pupil is closed by a deposit of fibrine, and all useful vision is gone, nothing, in these cases, but a speedy extraction of the hard lens will save the eye; but there are other cases where there are wounds of the cornea with prolapsus of the iris, and these are to be treated as follows:—1st, to act on both irides by dropping into the eye a solution of two grains of sulphate of atropia to the ounce of water, or painting the eyelids and eyebrows with moistened English extract of belladonna; 2d, to bring the patient under the influence of chloroform or sulphuric ether, or a mixture of both, which I prefer, and which favors the dilatation of the pupil, and enables us to examine composedly and pre-

* Mackenzie, p. 830.

* Wm. White Cooper.

vents the patient from opposing any resistance to the use of instruments which are necessary in returning the prolapsus; 3d, by the use of gentle, continued friction to the closed upper lid; 4th, should this fail, with the blunt end of a small probe, or the little spatula of Beer or Dixon, (see fig. 5,) endeavor to replace the iris. If the prolapsus should swell out like a bag, on being emptied by the puncture of a delicate needle, it will shrink back into its natural place; 5th, if the wound of the cornea is very small, so that the prolapsed portion of iris is firmly girt and the instrument cannot enter, enlarge the wound with a delicate knife, and then repeat the attempt at reduction; 6th, should all these means fail, cut off with a pair of scissors the prolapsed piece of iris.

Fig. 5.



The following case will illustrate some of the difficulties met with and their treatment:

E. W., aged eighteen, a bar-tender, applied to the hospital, March, 18, 1860, with severe wound of the cornea and iris, with prolapsus, caused by a piece of glass from the explosion of a bottle of mineral water. The piece of glass was shown covered with blood, and the anterior chamber was filled with blood.

He was placed in a dark room, applied soft English extract of belladonna around the brow, and, carefully introducing the blunt end of a probe, pressed back the displaced iris and applied a bandage to support it, the wound involving a portion of the sclerotica.

Diet, mild and liquid.

20th. Pain; blood not being entirely absorbed, directed two dozen American leeches around the brow.

23d. Pain still severe and considerable tumefaction. Directed him bled, (f℥viii,) with purgative.

25th. Fluid in the anterior chamber; iris almost all in interior; two or three projecting pieces, which scratch the eye; cut off the excess of iris with a small pair of scissors; applied ten grains solution of nitrate of silver to the wound.

28th. Iris still in the wound; lymph has been thrown out, blocking up the pupil; two small openings, with portions of iris protruding, which were cut off.

31st. Union is now complete; but so much lymph has been effused in the union of the wound as to prevent vision. Directed the application of ung. hydr. by inunction; also, to take the following pill three times a day:

℞. Hydr. protchlor., gr. j.
Extr. belladonnæ, gr. $\frac{1}{20}$.
P. Opii., gr. $\frac{1}{4}$.

This treatment was continued until the lymph was entirely absorbed.

March 20th. Vision has so much improved that he can distinguish any object. All inflammation has disappeared.

Discharged on the 27th. Vision good, diminished size of eye from loss of iris, and contraction in vision.

I employed mercury in this case, but it is not always necessary to use it; and Mr. Dixon stated that, in his hands, it has had but little effect comparatively in inflammation of the iris which results from injury; still I would not hesitate to use it when nature, in the repair of an extensive injury, requires a portion of the lymph deposited removed.

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In Chicago, recently, there was a grand display of muscular science by "resident and foreign talent." Dr. Windship lifted nine kegs of nails, weighing 1,000 pounds. Next, with harness on his shoulders, he raised 1,517 pounds. William Thompson, of the Chicago Gymnasium, did the same. The latter then went on adding weights and lifting, with harness on shoulders and hips, until the numbers stood successively 1,530, 1,636, 1,736, 1,836, 1,936, 2,036, 2,106—a very remarkable lift, the latter, to be sure. Then Thompson swung the 100 pound dumb bell, and Curtis did the same, and Dr. Windship lifted himself with his little finger, and Thompson experimented with a 165 pound dumb bell, and Windship shouldered a 229 pound barrel of flour, and put it down carefully, and Curtis "pushed" 130 pounds in each hand, with the pulley, and then 150 pounds in each hand, and then, lying down on his back, put up 110 pounds in each hand. But the feat of the evening was the great lift of Thompson, and the judges so considered it in the award of the $200 prize to him.

Dr. Carl Eylerts, a German chemist, has discovered a new acid in marrow, which he has named medullic acid. Its formulæ is C_{42} H_{42} O_4; and its melting point is 72.5°. The composition of ox marrow is palmitic acid, 46 per cent.; medullic acid, 10 per cent.; elaic acid 44 per cent.

COMMUNICATIONS.

A Case of Premature Labor, Ushered in by Excruciating Gastric Pain, followed in Three Hours by Uterine Action, Severe Flooding, Natural Delivery, Eclampsia, Apoplexy, Rapid Recovery, Sequel.

By P. T. Tunison, M. D.,
Of Somerville, N. J.

Oct. 24th, 1858, was sent for to see Mrs. Ellen F., æt. 35, four miles distant, who was at, or a little past her seventh month of pregnancy. Found her suffering severe pain in the epigastric region, extending itself around the walls of her body to the spine. Her husband and family had her feet immersed in a pail of hot water. I ordered mustard plasters over the stomach, and, finding no relief, gave several doses of sulph. morphia. In two or three hours the pain was modified very much, and labor commenced feebly, at 3 o'clock A. M. Before daylight I found my patient was flooding, though not alarmingly. Nothing was done for the hemorrhage till toward the close of the parturient efforts, when it required the rupturing of the membranes, and the exhibition of ergot, the patient being delivered of a female child, *which lived twenty hours*, at 11 o'clock A. M.

At this time patient's pulse was small and frequent from loss of blood, but there was no syncope or jactitation, nor, indeed, any cause for anxiety on my part, as the uterus was well contracted, and the discharge normal only. After dining with the family, and directing simple panada to be taken cool, I returned home.

In the middle of the night I was summoned in great haste, and informed that Mrs. F. was lying in convulsions. On arriving at the house, was told that the fit had lasted for some minutes, and was violent, but it had then passed off entirely, and she was perfectly conscious; pulse 100 per minute; small, compressible, and feeble; slight pain in the head, especially in the right side of the head; skin natural, as to moisture and temperature; tongue clean; and intellection perfect.

While standing at the bedside another attack came on, of a most violent character, which lasted three minutes or more, in which there was twitching of the eyelids, the pupils being drawn up under the superior lids; great clonic spasms of extremities, superior and inferior. Consciousness having again been re-established, I prescribed comp. tinct. valerian, in teaspoonful doses, every two hours. There being no return of convulsions I retired to bed at half-past 3 o'clock, directing the nurse to call me if any unfavorable symptoms arose. I slept until called to breakfast; found Mrs. F. comfortable. She had slept some, but still had a little cephalalgia, to which, under ordinary circumstances, I would have attached no very great importance. On the whole, I thought my patient doing well, and left, after directing rubefacients to the ankles and cold cloths to the head.

Visited Mrs. F. again at 2 o'clock P. M., and found a great change. She had gradually relaxed into a state of stupor; indeed she was apoplectic, with stertorous breathing; pulse very full, strong, and resistant—the carotids beating very powerfully, evincing determination of blood to the head. Bled her freely from the arm, continued the cold to head, enveloped the legs in fresh horse-radish leaves, and gave two drops croton oil, by placing it upon the root of the tongue. As the action of the heart was still too great, sent home for my cupping instruments, believing it best, after the loss of so great a quantity of blood by the uterus and from the arm, to extract blood from the temples. It was evening when the messenger returned. Patient being still in deep lethargy I applied the scarificator to the right temple. The flow of blood was so great as to wash off the cup when I attempted to apply it, though well exhausted, and continued so until I had drawn more than a sufficient quantity; indeed, I was obliged to stop the bleeding by compresses and bandage. The croton oil acted during the night freely, and next morning consciousness had returned, the intellect being somewhat confused all that day. From this time the treatment consisted of verat. viride, one or two doses sulp. magnes., and cold cloths to the head, recovery being so rapid that I ceased to visit my patient on the 31st. After a few weeks, was informed by Mrs. F. that she had a great heaviness of head, had lost her hitherto cheerful temper, was unhappy; and, indeed, in her own words, domestic and maternal duties, formerly pleasurable, were now a burden, although she is a lady of good breeding, fortitude, and wealth. I advised an abstinence from animal diet, saline cathartics, and a blister to the nape of the neck. The relief obtained from these was only partial.

Feb. 25th, 1859, more than four months after the attack, I introduced a seton on the back of the neck, composed of many cords of saddler's silk, which was kept running for a long time, with great improvement, and, finally, complete recovery.

Remarks.—This case naturally gives rise to reflection and observation:

1st. A fœtus of seven months, or a little more, is viable, (a doctrine which, however, few will deny,) and, therefore, the induction of premature labor is proper in certain cases.

2d. English and American medical literature affirms that women whose labors are preceded by violent gastric pain are peculiarly liable to convulsions. I can add my testimony to the truth of the proposition, as far as my experience goes, having, during this month, had a case of horrible convulsions, after this, gastric pain, as the initiatory symptom, at term.

3d. We may observe the truth of the aphorisms, that loss of blood is by no means a preventive, but an efficacious remedy, and that local depletion may be used advantageously after venesection, as the equilibrium of the circulation is destroyed in apoplectic seizures particularly, as proven in this case, by the copious flow of blood from the temple of this lady.

4th. That purgation is a firm adjuvant to the lancet, and may be effected by the croton oil, although the patient cannot swallow.

5th. The veratrum viride, one of the most powerful antiphlogistics, and of evidently extended usefulness, is especially adapted to these cases, as are arterial sedatives.

6th. Recovery to almost all the ordinary conditions of health may be very rapid; and, finally—How far was the brain implicated in the present case? Primarily, the case may very properly be classed as epileptic, and, doubtless, arose from an irritable condition of the uterine fibre. According to Marshall Hall, eccentric irritation carried to the brain, through the medium of the trisplanchnic nerve, or great sympathetic, or *organic nervous system* of Bichat, which I think a better term. But, subsequently, we had violent arterial reaction, the cerebral mass being submerged with blood, producing great pressure, and, from the after symptoms, I am inclined to believe there was effusion, either serous or sanguineous; perhaps the latter.

P. S.—The same lady was delivered, Feb. 9, 1860, of a son, at term, being her fourth child. It was born before I reached the house. Not long after I had removed the placenta, "which was not adherent," but lay in the vagina; the same gastric pain came on, more severe than in the first attack. It did not yield to counter-irritation and anodynes, freely exhibited, continuing with increased intensity four hours. Cries for relief being urgent, and having no chloroform with me, I felt somewhat embarrassed. But I placed a common dish, well heated, over the stomach, and another immediately opposite, upon the spine, and had the pleasure of hearing my patient say she was relieved in two minutes, and in five minutes she was perfectly relieved, and remained so.

Contributions to the Pathology of the Spinal Cord and its Investing Membranes.

Read before the Brooklyn Medico-Chirurgical Society,

By Louis Bauer, M.D.,
Of Brooklyn.

It seems almost presumptuous on my part to venture upon a subject of such obscurity and magnitude. During a century, the most illustrious names of our noble profession have been identified with the investigation of the nervous system, as decidedly the most important portion of the human fabric;—their efforts have been zealous, spirited, and persevering. Most potent auxiliaries have of late facilitated their labors, and rendered them efficacious. The improvements in the method of investigating, together with our advancing knowledge of comparative anatomy, have combined in promoting the results of their study. But, in summing up all that has been attained by devoted ardor and competition, we must own that the surface has, as yet, hardly been penetrated. This being the state of our knowledge of the nervous system in health, it will be easily conceived how much more imperfect our information must be of the morbid changes in this province.

It would scarcely be in place to call the attention of the society to all the shortcomings of our knowledge on this subject. But I may be allowed to offer a few remarks, in this respect, on the more circumscribed subject under consideration.

We know that the spinal cord comprises three anatomical elements:

1st. The nervous fibres that descend from and ascend to the brain.

2d. The gray or ganglionic structure in the centre of the cord, receiving and radiating nervous fibres which have no direct communication with the brain.

3d. The so-called trophic fibres, belonging essentially to the sympathetic nerve.

Whilst the first class of elements carry the impressions from the outer world directly to the sensorium, and convey the will to the locomotive organs, regulating the re-active movements of the organism in the accomplishment of certain purposes, the second class seems to be destined only to perpetuate the action invoked by the former, and till it is arrested by the same agency that called it into action. The third class, in its functional purposes, is evidently restricted to influence the organic processes of development, growth, and maintenance. Although we have not, as yet, succeeded in demonstrating the anatomical connections of these three different structures, which seem to be perfectly isolated from each other by their respective neurilemmas, yet we have ascertained by experiment and observation that they co-operate, act, and re-act upon each other.

In the same measure, as in health, the will controls the action of the diastaltic system; so it is in disease of the brain. Irritation of the brain, tubercles of the meninges, and other causes, may originate epilepsy and convulsions at large. The excito-motor nerves will, however, exercise more effect upon the muscles than the cerebro-motor nerves. And this is but one of the numerous instances that could be adduced. It does not seem, however, that the same retroflective action of the ganglionic structure of the spinal cord could be exercised with the same readiness upon the brain. At least there are numerous instances that will bear out this view. Nay more, in diseases of the ganglionic system a sort of secession seems to take place, and automatic movements or permanent contraction will ensue that cannot be controlled by volition. Chorea, paralysis agitans, and other disturbances, may be deemed fitting illustrations. Again, in permanent diseases of the brain reflection may exist for some time, but soon becomes extinct. The same retroflective influences cannot be demonstrated upon the brain in diseases of the ganglionic structure of the spinal cord.

Furthermore, it can be clinically demonstrated that in all paralysis the nutrition depreciates, but, evidently, much more when the paralysis originates in the diastaltic system than in the brain. Thus we see that the effects are governed by anatomical proximity, although we cannot structurally show it.

Our positive anatomical knowledge is deficient even in minor points. We are completely in the dark as to the central and peripheral termination of nervous fibres. Whether they form loops, or terminate abruptly, is yet undecided. In some of the lower animals we have a clear insight into this matter, but not in the human organism.

Structural differences between the cerebro-spinal and purely spinal nervous fibres, on the one hand, and between motor and sensitive fibres, on the other, have not yet been discovered. And, above all, another physiological question awaits its solution, namely, whether reflex action is induced only by sensitive fibres, or, also, by the motor fibres. According to the established views of physiologists, the reflex action is strictly motor; the centrifugal action of sensitive nerves being considered exempt from it. Yet I have observed, and am daily observing, pathological phenomena that, to my mind, satisfactorily demonstrate the fact that reflex action can take place in either way. Some members of the society have rendered themselves familiar with the reflex symptoms in diseases of joints. Almost every joint disease, more or less, is complicated with muscular contractions of a permanent character. Sometimes, however, the reflex actions assume the form of clonic spasms. There is a certain regularity in the muscles affected. Thus, in the hip-joint the adductors, and in the knee-joint the flexors, are the chief sufferers. Though the disease superinducing these reflex actions may have subsided, the latter nevertheless perpetuate their existence ad infinitum.

This is the regular way in which these actions are consummated. When, however, in cases where the original disease has been extinct for years, the contracted muscles are irritated by either sudden or gradual extension, immediate pain in the originally affected joint is produced, and if the extension is persisted in, reproduction of the original disease is the inevitable consequence. Hence, the necessity of diving the contracted muscles previously to straightening the member. In quite recent cases of joint disease, moderate contractions may be overcome by persistent extension, by tiring the muscles out, so to speak. But this cannot be done in firmly established contractions. The way in which the reflex action,

and the reason why it is accomplished in certain muscles, can be explained only by presuming that there is a certain anatomical correspondence, a common focus of irradiation between the sensitive fibres of a joint, and the motor fibres of certain muscles. And the best proof of this interpretation of the phenomena referred to, is the fact, that in either recent or protracted affections of the joint, immediate relief is effected by dividing the contracted muscles. In my lectures on the contractions of the knee-joint, I have, among others, adverted to one case of a little boy who had, for years past, suffered from synovitis of the knee-joint. The disease had completely subsided, but left adhesions of the joint, and contractions of the flexor muscles. After having divided the tendon of the biceps, the limb was straightened and secured in a splint. The reaction following this operation was intense, and the sufferings of the patient baffled description. Beside the pain appertaining to the rising inflammation of the joint, there was that periodical pain which is so characteristic of reflex action. For a whole week all the resources of the antiphlogistic apparatus were exhausted in vain. The subsequent division of the rest of the flexor muscles which manifested so slight a degree of tension as to be hardly perceptible under anæsthesia, procured instantaneous relief, and a speedy recovery. I leave it to the members of the society to suggest a different interpretation of this fact than that which is here offered.

I must content myself with these brief remarks on the anatomy and physiology of the spinal cord, in order not to trespass the limits of your indulgence. But summary as they are, they will set forth the difficulties with which diseases of this organ are surrounded. The time is, however, approaching when many points now obscure and incomprehensible, will be clear and penetrable. And nothing is better calculated to bring about this result than the comparative pathological experiments of Bernard now in progress.

Our therapeutical short-comings in diseases of the spinal cord are proportionate to our knowledge of its pathology. In acute affections we may place some reliance in the antiphlogistic method; but in chronic maladies of that organ, we are left to empirical experiments more or less hazardous, and, at best, doubtful in their ulterior results. The exigencies of our position force us constantly to resort to remedial agents, the modus operandi of which we know but little. Strychnia and electricity occupy the first rank among them, and if we take the experience of a most distinguished practitioner for granted, namely, Romberg, of Berlin, whose proficiency in this subject is scarcely equalled by any other physician, these remedies, when improperly administered, render a disease incurable, which might otherwise have been relieved.

In the course of my professional pursuits, quite a number of affections of the spinal cord and its investing membranes have presented themselves, which have been the source of interesting observations and clinical efforts. Since our positive knowledge is but limited, and the chief fountain of our information, the bedside, I have collected the material, and submit it to your attention. Some of the cases related cannot fail to enlist your interest, and the failures of the employed treatment in others, will, perhaps, be valuable.

(*To be continued.*)

Medical Societies.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY, N. Y.

Reported by S. D. Willard, M. D.

The fourth monthly meeting of the Society was held on Friday evening, March 22,

Dr. Vanderpoel presiding.

Prof. Howard Townsend presented a monograph from the records of the City Hospital, of a patient convalescing from rheumatism becoming afflicted with diphtheria, terminating fatally by inflammation and perforation of the ilium, as follows:

RHEUMATISM, FOLLOWED BY DIPHTHERIA—FATAL TERMINATION BY INFLAMMATION AND PERFORATION OF THE ILIUM.

Elizabeth Fitzpatrick, æt. 20, (servant,) Ireland; admitted Jan. 29th, 1861, with acute rheumatism; was convalescent on Feb. 8th.

Jan. 22d. She continued to improve until this date, when she was taken with vomiting, also pain and tenderness of the epigastric region, extending through to spine. Bowels confined; tongue covered with a brownish fur; gave castor oil, which was retained; rash over breast and arms.

23d. Bowels still confined; vomited occasionally; gave epsom salts, which were not retained; enema was given, and followed by a slight fecal discharge.

24th. All symptoms slightly aggravated; bowels moved by enema.

25th. Vomiting abated in the morning; tongue covered with a dirty-brown fur; fauces covered with a dark-colored membrane; has no pain or soreness in the throat; pulse quick and feeble; gave mur. tinc. iron 20 drops every four hours, with applications to the throat of nitrate of silver alternating with sulphate of iron.

26th. Passed a very good night; tongue and fauces look very much better; still complains of tenderness and pain of abdomen; same treatment continued with generous diet.

27th. Much better; sat up part of the day.

28th. Vomiting returned; tenderness and pain more diffused over the abdomen; throat dry; tongue coated with same yellow fur; pulse very quick and weak; bowels moved by enema; gave cit. iron and quinine, one grain dose three times a day with brandy and water frequently.

March 1st. All the symptoms aggravated cannot retain any nourishment; same treatment continued.

2d. No change: gave tinc. colombo frequently.

3d. Some better in the morning, and retained a little nourishment; at night vomiting returned with severe pain; gave ⅛ gr. morphia.

4th. Vomited stercoraceous matter; abdomen distended; applied fomentations.

5th. Pulse somewhat improved; suffers no pain; took some nourishment; brandy, egg, and sugar; beef essence and jelly.

6th. Vomiting returned; gave infusion of "wild cherry bark;" omitted other medicines, except brandy.

7th. Stercoraceous vomiting, with great distention of abdomen.

8th. Stercoraceous vomiting; frequent paroxysms of intense pain in right iliac region, with great tenderness on pressure; no pulse at the wrist; countenance pinched; body covered with livid spots; bathed with a cold clammy perspiration; died at one o'clock P. M.

Autopsy twenty-one hours after death; rigor mortis well marked. On opening the abdomen, peritoneum filled with serum; slight adhesions of omentum with intestines; stomach and intestines distended with fecal matter; mucous membrane mottled and softened so as to be scraped off with handle of scalpel; small intestines inflamed throughout; ulceration and perforation of middle part of ileum, with discharge of feces into abdominal cavity; the larynx was not examined on account of disfiguring the body; the other viscera normal.

Several examinations of urine showed a deposit of albumen. The exhibition of albumen in the urine is a feature that has been noticed by several writers on this subject.*

Severe gastrodynia is not of infrequent occurrence during convalescence from diphtheria, but has not, under my observation, led to any worse result than delaying recovery by preventing the patient from eating. In one instance, in the practice of Mr. Balls, of Spalding, diphtheria was followed after apparent recovery by intense pain at the epigastrium, vomiting and collapse, which proved fatal in thirty hours. The patient had been imprudent in diet the day previous to the attack of pain, but this would scarcely have determined so serious an affection. Unfortunately as no post-mortem examination was made, it is impossible to decide whether the cause of death was, as supposed, perforation of the stomach or not.

Mr. Coleman, of Wolverhampton, also had a case of diphtheria, that of a female, aged 22 years, in which severe pain in the cardiac extremity of the stomach, much aggravated by taking food or wine, came on after the exudation had disappeared from the throat, and the patient was supposed to be going on favorably. The case proved fatal.

* Edward Headlam Greenhow, on Diphtheria. London, 1861.

POLYPUS UTERI COMPLICATED WITH PREGNANCY.

Dr. Willard (for Dr. Swinburne, absent,) read a report of two cases of polypus uteri, complicated with pregnancy.

The first case occurred in 1854, in a patient confined with her second child, without untoward symptoms. Eight days subsequently she was seized with severe pains, resembling those of labor, lasting about two hours. The pains resulted in the expulsion of a polypus nearly as large as an orange, with a stem half an inch in diameter, evincing its recent dismemberment from the womb.

The second case occurred in a woman, three years after confinement, and who was taken with flooding. Regarding the case as one of relaxation of the uterus, after consultation with Dr. Freeman, the attending physician, the vagina was plugged with a sponge, cold was applied, gallic acid, ergot, and opium, severally adminstered. The hemorrhage continued until the following day. The patient had convalesced for ten days, until the hemorrhage. The urgency of the symptoms led to an examination, when an abnormal substance was indicated within the uterus. By Sims' speculum, and the long polypus forceps, the substance was discovered and grasped, and after some tortion was detatched entire. It was a pear-shaped polypus, two and three-quarter inches in length, one and a half in thickness, with a stem three-quarters of an inch in diameter, fibrous and vascular, and presenting points from which the bleeding proceeded. The sudden and frightful hemorrhage would, at first, indicate retained placenta or relaxation of the uterus.

In all such cases it is important to examine by the speculum, and ascertain the cause of the hemorrhage, and false modesty, on the part of the physician or patient, may be attended with fatal result to the latter.

GENERATION OF ANIMAL HEAT.

Dr. Kilmer read an essay on the generation of animal heat. Heat in plants, as in warm and cold-blooded animals, is developed coincidently with the consumption of oxygen, the combustion of carbon, and the formation of carbonic acid. Heat disengaged during the oxidation of carbon is directly proportioned to the amount, and not to the intensity of chemical action. A rod of iron burned in oxygen gas disengages a heat only equal to that which rusts slowly in the sun, although the latter rises in temperature not sensibly above the surrounding air.

The influence of the various forms of food in the generation of heat, and of the presiding power of the nervous system in their modification, calorification over the body, and of the temperature where lesions of the nervous system exist, etc., were appropriately considered and intelligently discussed.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, MARCH 30, 1861.

CLOSE OF ANOTHER VOLUME.

With this number we bring to a close the labors of another six months. Our readers will perceive by the index, and by collecting together the twenty-six numbers that comprise the volume, that an immense amount of labor has been expended by us during that time. Look, too, at the index of contributors to this volume, comprising *over one hundred* names, and including men of the first standing in all parts of the country. Their communications, it will be perceived, embrace every topic in practical medicine, surgery, hygiene, medical ethics, etc., that will be likely to interest the mass of the profession.

It is a characteristic feature of a well-conducted weekly medical journal, that it elicits contributions from the better class of medical men—the *practical working* men of the profession, those who have no time or inclination to waste words on theoretical speculations and wordy nonsense. The mere theorist, or those afflicted with the cacoethes scribendi, must seek other channels through which to exercise their powers, for they are soon elbowed out of the columns of a practical journal.

As we anticipated at the start, the plan of the Reporter has met the decided approval of the great mass of the profession. *It is just what they want.* We might quote pages of testimony on this point. One friend—an old practitioner in a neighboring State, who was, at first, opposed to the idea of a weekly medical journal, wrote us on the 1st instant:—"Of your enterprise, from its commencement to the present time, I may sum up my remarks in three words—Bonus—melior—optimus!" Such testimony is, of course, encouraging, and what is still more encouraging, it is always accompanied by practical support.

Our readers can easily see that the low rate of subscription to the Reporter, requires an extensive circulation to carry it on with the energy and vigor that will render it profitable to them. We therefore bespeak their aid in extending the circulation. As the next number begins a new volume, it will be a very proper time to induce neighbors and friends to give in their names as subscribers. "Many hands make light work!" and the larger the subscription list the more valuable we can make the Reporter. Old subscribers know that it has been so in the past—why should it not be so in the future?

PROFESSIONAL CARELESSNESS.

Having been recently obliged to search, for a specific object, through a druggist's file of prescriptions, we were repaid for the loss of a couple of hours, by the entertainment and amusement it afforded, and received more than an equivalent for the dusty labor by an appreciation of the moral which was necessarily deduced.

The most remarkable feature of the recipes was the chirography, a considerable portion of which was so execrable as to be illegible. This may have been partly owing to our own deficiency, having never had any instruction in deciphering hieroglyphics, and no more trying experience in cachigraphy than spelling out the manuscript, which is the wearying fate of a medical editor. Having, in this occupation, wearied our eyes, and burned much "midnight oil," we supposed ourself an expert in comprehending doctors' writing; but in attempting to

read many of these specimens, our classic lore was in vain put to its fullest stretch, and our knowledge of cryptography, and shrewdness at guessing, did not avail.

The pharmaceutist, from practice at this kind of guessing, seemed quite expert, and occasionally, for our edification, read an odd formula. Here were evidences of the peculiar therapeutic inclinations of the great variety of practitioners. The heroic with his potentials, the expectant with his infinitesimals, and the blunderer with his incompatibles. One was a prescription for pills weighing each half a pound, but concerning which we were relieved by being informed that they were prescribed by a veterinarian. Another was incomprehensible, excepting the directions for using, which read laconically thus:—"*coch. t. d.*," and which, with the eye of faith, we saw meant teaspoonful three times a day. Such odd terms as Pil. Cerul. Tinct. Thebaicæ, Pulv. Jacobi, Calomelanos, Liq. Saturni, etc., were common. Whilst the greater number were in penciling, some were indited with anæmic looking ink, which, from its pallor, evidently stood in need of additional doses of iron.

The paper used for writing these prescriptions on varied as greatly as the chirography. Some were on spotless sheets, of firm texture, while others were flimsy, foul, and ragged, and seemed to have undergone fatty degeneration. Scraps of all kinds had been impressed on emergencies, as the blank sides of old manuscripts, pages from culinary receipt books, and fly-leaves apparently from well-thumbed prayer books, or suggestive of a similar sacrilegious resort to the family bible. Almost any scrap on which pen or pencil could make its mark seemed to have been thought good enough to write down a therapeutic verdict, the result, perhaps, of long-studied diagnosis, or learned consultation.

We have often heard, and occasionally seen, evidence of the extreme slovenliness of some "country doctors," in the manner in which they keep their pharmaceutical arrangements, but do not think such habits are any more discreditable than the frequent civic custom of slovenly prescription writing.

However, the same logic applies to the former class. We have seen one who carried his entire materia medica loosely in the inguinal pouches of his breeches, and the caudal pockets of his coat, with the exception of a high and dry repository for plasters in his hat. Another ruralist, in active practice, acknowledged that his entire surgical armament is a bistoury, which, like the Hudibrastic weapon, answers alike the purposes of vaccination, amputation, or dissection, and our attention was drawn to its post-prandial use as a tooth-pick.

We have seen the dispensing establishment of one of the same style of practitioners, with its beggarly array of empty boxes, and overfilled bundles of musty herbs and worm-eaten seeds. Stale ointments and wheel-grease lie in congenial proximity, and the walls are adorned with a mildewed diploma, and cobwebbed fragments of old harness. Some bones and clay pipes, and a rat-eaten anatomical preparation, are presided over by the inevitable office student. The latter fixture wears the same classic hue of dust as all the rest, and, as Dr. Drake says of such a character, however idle, he will be always absorbing a little medicine; especially if he sleep beneath the greasy counter.

Slovenliness in prescribing or dispensing, whether urban or rustic, evinces the same want of proper professional spirit. A clean sheet of paper can, in the city, always be obtained, and a few additional seconds spent in writing, and in avoiding extreme abbreviation of terms, will render the manuscript more legible to the pharmaceutist, and may avoid error in dispensing. In the country, such apartments as that portrayed in the above picture, are, it is believed, becoming rare since the spread of medical organization and general intelligence, yet there is still a tendency that way, and what we have pictured is but an exaggeration of the fault of most such establishments.

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The enduring odor of musk is astonishing. When Justinian, in 538, rebuilt what is now the mosque of St. Sophia, the mortar was charged with musk, and to this very day the atmosphere is filled with the odor.

A SENSIBLE JUDGE'S CHARGE TO THE JURY IN A SUIT FOR MALPRACTICE.

So much ignorance and prejudice in regard to the real moral and legal responsibilities of the surgeon have been frequently evinced in the charge of judges in suits for malpractice, that one in which the real position of a surgeon is appreciated deserves to be spread before the profession.

The charge, which we copy, is in strong contrast with the position taken by Judge Bredin, of Pittsburg, who, in a suit for malpractice, which occurred some years ago, said, that the defendant "was bound to bring to his aid the skill necessary for a surgeon to set the leg, so as to make it straight, and of equal length with the other when healed, and if he did not, was accountable in damage, just as a stone-mason would be in building a wall of poor materials, so that the wall would fall down."

It is not many years since an eminent surgeon of this city was persecuted in this manner, and obliged to pay damages to the amount of more than three thousand dollars on account simply of the failure of an operation for cataract on a charity patient.

The late Dr. Horner was, a short time previously to his death, sued for damages to the amount of *one hundred thousand dollars*, in a case where death happened to follow an important operation on the wife of a poor man. Dr. Henry H. Smith acted as an assistant at the operation, and although he had never before seen the patient, nor been consulted in reference to the operation, he was included in the prosecution, and Dr. Horner dying before the case was tried, Dr. Smith was compelled to stand his trial. Had not the bad character of the plaintiff been proved, and the malicious intent of the prosecution been made evident, the surgeon might, from the stupidity of a jury, have been made to suffer severely.

This action was brought by Daniel S. Hamilton against Drs. Squire, Wey, and Smith, for damages alleged to have been sustained by the plaintiff in consequence of a surgical operation performed upon his knee by the defendants. The operation consisted in the removal of a loose or floating cartilage from the knee-joint, by means of what is known among surgical writers as the *valvular mode of incision*. Inflammation of the joint ensued, its disorganization followed, and the ultimate result was a stiff knee; the limb being slightly flexed and bowed laterally, in consequence of destruction of the articular cartilages, and the expanded extremities of the bones entering into the composition of the joint, on its inner side. Damage was claimed to the amount of $5,000. After a protracted trial, the case was submitted to the jury, in the following charge by Judge Campbell. The jury failed to agree, standing one for plaintiff and eleven for the defendants.

Gentlemen of the Jury—Every person who enters a learned profession, whether the law or surgery, undertakes to bring to it the exercise of a reasonable, fair, and competent degree of skill.

Invariable success does not attend professional men, any more than those engaged in other pursuits. Indeed, success must with them sometimes depend on other instrumentalities than mere skill. Courts and juries are fallible and may err, and the best advice and labor of counsel in the law may be in vain; and habits of life unknown, and hereditary diseases, and neglect of directions, and carelessness of nurses, may defeat the labors of the most skillful surgeon. Both the lawyer and surgeon, when they undertake professional business, agree to be responsible for the want of ordinary care—such care as ordinarily prudent men bestow upon their business. This is the responsibility which the law imposes upon them. But it is said the professional man is also bound to use his best judgment, and that judgment should be an enlightened one. This is true; but in cases where there is great difference of opinion among the most skillful and experienced as to surgery, where the most eminent men in the profession differ as to the methods of performing operations, the surgeon who possesses the necessary qualifications will not be held responsible for errors of judgment. He will be chargeable with error only when such error arises from want of reasonable, ordinary skill and diligence, especially if the general character of the operation and treatment has been honest and intelligent.

1st. Was this a proper operation under the circumstances of the case?

2d. Was it proper without the bandage or compression?*

3d. Was the valvular method a proper one?

4th. Was the place where the cartilage was taken out a proper one?

5th. Was the after-treatment proper?

To all these questions some of the most eminent surgeons in the State, and I may say among the most eminent in the United States, have given you an affirmative answer. Others, on the part of the plaintiff, who may be equally intelligent, but who have not had equal expe-

* Dr. March, Dr. Markoe, and Dr. French, the three surgeons who have operated for the removal of loose cartilages, all unite in saying that the operation is warranted without resort to the bandage.

rience, answer in the negative. Now, in such a case, where there is such difference of opinion, and certainly with the experienced men in the defendant's favor, they should not be held liable for an error of judgment, even if you should be of the opinion that they did err.

The operation being thus, for the purposes of this suit, warrantable, and the method, place, and treatment proper, was the operation performed, and the after-treatment continued, with reasonable skill and care—such skill and care as would be required at the hands of prudent, competent surgeons?

Now, the contract of a surgeon is not to warrant a cure, except such contract be expressly made. He contracts to exercise his best skill, care, and attention. In this particular operation, it appears by the evidence of that eminent surgeon, Dr. March, that he had been uniformly successful. But taking the results of operations by other surgeons, so far as reported, one-fourth are *not* successful. It would not do, therefore, to hold up the responsibility of every surgeon in the land equal with that of one of the most eminent.

As to the manner in which the operation was performed, you have the evidence of the defendants, together with that of Mr. Birchfield. If the delay in the operation was caused by the plaintiff, and therefore the time was protracted, the plaintiff cannot recover for any injury caused by such acts of his own.

As to the care and attention after the operation, as I understand, no complaint was made; but, on the contrary, the care and attention were constant, and such as might be expected of a kind and careful surgeon.

I have already observed that, from the evidence, it appears that one-fourth of such operations are not successful. The want of success is not necessarily want of skill.

Three-fourths of the cases are successful; and if the plaintiff had been among the successful number, if his limb had been entirely restored, he might, like the lame man healed by the Apostle, have "ran and leaped with joy." That it was not successful, is undoubtedly a great misfortune to him. Whether it was the fault of the defendants, is for you to say by your verdict.

You must take this case, and determine it according to the evidence under your oaths.

In the case of Dr. Smith, it is claimed that he had nothing to do with the operation; that he was merely a looker-on, invited by Dr. Squire, as a simple act of courtesy; and that in point of fact he was not present until the operation was nearly completed, and when the chloroform was sent for. If you believe the evidence of the defendants on this point, of course you should render a verdict in his favor.

Then, if you find that this operation was not performed by Dr. Squire and Dr. Wey with ordinary skill, care, and diligence, you should find a verdict for the plaintiff.

On the other hand, if you find that they did perform the operation with ordinary skill and care, and such as would be required of surgeons holding a responsible position in their profession, then your verdict should be in favor of the defendants.

Transactions of the Medical Society of New Jersey.—We have just received a copy of the Transactions of the above Society for 1861. The promptitude with which they have been issued will add to their interest. The Chairman of the Standing Committee requests us to say, that the District Societies for the counties of Hunterdon, Mercer, Monmouth, Burlington, Camden, Gloucester, and Cumberland, may obtain their quota of the transactions by addressing Dr. T. J. Corson, Corresponding Secretary, at Trenton, who will supply them. Members of the other District Societies will be furnished by the respective county secretaries who are supplied with their proper quota.

Correspondence.

DIPHTHERIA.

This disease—so-called—seems to put on different phases in different sections of the country, and even in different neighborhoods, judging from our correspondence. One correspondent recently recommended a plan of treatment, which, however applicable to what *he called* diphtheria, does not seem to commend itself to the judgment of another correspondent, who resides in Iowa. He says, in a recent business note:

"Such practice, or rather, such *mal*-practice, ought to be made an indictable offence, though every one of his patients should get well. Antimony in large doses, mercury, and blistering—just think of it! May God have mercy on his poor soul!

"If an experience of three hundred or more cases has conveyed to me any lesson, it is that stimulants, tonics, and hæmatics, are the proper remedies. Local measures are of inferior consequence. In point of gravity, the cases that have come under my notice, might be distributed into three classes:

"1st. A considerable number, from twenty to thirty per cent. of the whole, are sick for a few days only; a week at most. Beginning with a fever, which lasts from thirty-six to forty-eight

hours, accompanied by redness of the fauces, enlargement of the tonsils, swelling of the cervical glands, though not always showing the characteristic exudation. These cases will get well about as soon without any treatment as with it, though I think many of them would die, and all the rest be protracted by the treatment above mentioned.

"2d. A class, including not more, perhaps, than from four to six per cent, is as dangerous; and a majority of them as speedily fatal as the most malignant cases of scarlatina.

"In most of these cases the nervous centres seem perfectly overwhelmed by some specific poison. Nose filled up with exudation so as to compel the patient to breathe entirely through the mouth, which, too, is lined by the ash-colored membrane and blood oozing from every point. Should the patient live a few days, gangrene, commencing at the fingers or toes, may be looked for, and in one case that came under my notice, beside the gangrene of the fingers, there were numerous points, a dozen or more, scattered over the face and forehead, which gradually enlarged until the patient died.

"Between these two classes there is a third, in which the physician plays an important and very responsible part. Understanding the true nature of the disease, and acting his part with vigilance and discretion, he will cure nearly every case. But I am not writing an article on diphtheria, and so will not trouble you further."

OVER-DOSES OF ARSENIC—POISONING—GOOD EFFECTS OF IRON.

Millerstown, Pa., March 22, 1861.

Messrs. Editors:—Several years ago I was consulted in reference to a case of dry, scaly eruption, existing for some time in a boy about five years of age. I prescribed for him small doses of Fowler's solution, cautioning the parents at the same time to suspend the medicine should it either irritate the stomach or create a swelling of the eyelids. This caution having been either forgotten or neglected, the medicine was continued until the whole body was swollen with a dropsical effusion. Not only was the subcutaneous areolar tissue distended with the effusion, but the peritoneum and pleuræ also. At this stage of the complaint I was called to see the patient. I immediately ordered a suspension of the medicine, and resorted to purgatives and diuretics for the purpose of ridding the system of the effusion. This plan was persisted in for some time without any amendment resulting. Indeed, the symptoms became aggravated to such an extent that I feared death would follow. Being aware that certain preparations of iron were recommended as antidotes in arsenical poisoning, I came to the conclusion to make a trial of the precipitated carbonate of the metal in this case. I suspended all other medicines and prescribed five-grain doses every few hours. An amendment soon followed, and, in the course of a few weeks, the patient was restored to perfect health. The cutaneous affection was also completely cured. I believe he has had no return of the eruption since.

I report this case for two very important reasons. First, to guard the profession against prescribing the arsenical preparations unless the patient can be occasionally seen, since some persons are either so forgetful or careless as to fail in a proper compliance with the directions of the physician, and hence serious consequences may result; and, secondly, to attract the attention of the profession to the treatment under which the patient referred to so rapidly improved. Whether this rapid improvement was due to the carbonate of iron or to the spontaneous efforts of nature, it is impossible to determine from the result in a single case. Perhaps some of my professional brethren can give us more light on the subject. If so, it will be gratefully received.

Yours respectfully,
Samuel R. Rittenhouse, M.D.

NEWS AND MISCELLANY.

The German Hospital.—The Board of Managers of this institution have purchased a mansion house and the surrounding grounds, on the Norris estate, in the Twenty-first Ward, at the intersection of Twentieth street and Lancaster avenue.

The location is well chosen, in a neighborhood which is rapidly becoming densely built over, and remote from any other hospital. It bears the same relative position to the North-western suburb of the city, as the Episcopal Hospital does to the North-eastern extremity.

The grounds have a pleasant rural appearance, and include an area of about four acres.

As we have before said, the character of this institution, in a medical view, is yet to be determined, and will depend on the professional standing of the gentlemen who may be appointed as its Medical Board. It is hoped that a proper medical tone will be given to the Hospital by carefully avoiding the appointment of any one whose reputation is tainted by association with quacks, and with whom medical men of a high order cannot harmonize.

The American Association for the Advancement of Science was to meet at Nashville, Tenn., on the 17th of April, but we understand that the meeting is to be postponed for one year, owing to the disturbed state of the country. Science should go forward, unfettered by political considerations.

Reminiscences of the College of Physicians and Surgeons of New York and its Founder, Dr. Samuel Bard.—In his oration before the Alumni of the Medical Department of Columbia College, (late College of Physicians and Surgeons,) on the 14th inst., Dr. Thomas W. Blatchford, of Troy, said:—When, fifty years ago, save one, I came to this city to study medicine, I was directed to the "New Institution," and there I attended my first course of medical lectures with Romeyne, Seaman, Cock, and Griscom as instructors.

The next year I matriculated in this college. Two or three years before a purchase had been made of a building in Barclay street, and rooms commodious enough for a beginning were fitted up for a class of about seventy students. There was at that time certainly nothing either attractive or imposing in the outward appearance of our "Alma Mater." Convenience and economy alone seemed to guide those whose duty it was to select the place and arrange the few apartments needed. At that time the population of the city amounted to less than 90,000. Our country was everywhere depressed and all her business interests prostrated. We were asserting our national rights and contending for them in a protracted war with England. Almost every avenue to prosperity seemed blocked up, but none more effectually than our commerce, and no other interest could so sensibly affect this city. The shipping, for the most part, except coasters and river craft, lay moored and housed in the slips and silent ship-yards. There was one spot, however, where the sunlight of enterprise seemed to shine, and that was on the New Medical College in Barclay street. The faculty, with that master spirit of energy, industry, and indomitable perseverance, David Hosack, M.D., LL.D., Professor of Theory and Practice of Medicine and Lecturer on Obstetrics and the Diseases of Women and Children, as an impelling power, at last surmounted every difficulty and accomplished their grand design, and, notwithstanding at times the prospect looked gloomy, and very many ready to predict a failure, they listened to nothing but success.

At length they had the satisfaction of finding their efforts so completely crowned with success, that they were compelled to enlarge the boundaries of their habitation. The building was reconstructed; new rooms were added, improvements introduced, and greater facilities afforded for a more extended course of medical training. A full half century has rolled around, and where is our "Alma Mater" now? Not in Barclay street; no, no. The merchant princes have obtained possession there. The hall of science is exchanged for the mart of merchandise, the library and dissecting room for the ledger and counting-room, and the professors' chairs are displaced by the tables of the money-changers.

Our "Alma Mater" was compelled to seek another resting place. She found it in Crosby street in 1830; but, in 1836, she again yielded to the upward current, and established herself a mile or two higher up. The spot where the noble structure now rears its walls, was but a short time since a verdant meadow. Instead of the "College of Physicians and Surgeons" being the only medical college in the State, she is but one of many, and might, perhaps, claim to be the mother of them all. Instead of a solitary hospital, half constructed, we can count these schools of practical medicine by the score. How unlike our "Alma Mater" when she commenced her career of usefulness.

Samuel Bard, M.D., LL.D., the first president of the college, was a gentleman literally of the old school. He was highly respected, almost venerated, by a large circle of influential friends; very advanced in years, short of stature, and thin in person, stooping considerably as he walked. He had a small head, large mouth, bright eye, dark complexion, and his features much wrinkled by age. His appearance was by no means prepossessing, and his delivery anything but pleasing, except when arrayed in cocked hat and flowing robe, in dignified Latin he delivered parchments to waiting aspirants. I heard him deliver two or three addresses to graduating classes, and, notwithstanding the absence of oratorical embellishments, they were listened to by a popular assembly with profound attention. Dr. Bard's professional attainments, moral worth, and social position were of the first order. His philanthropy was proverbial.

The Gulf Stream, from its climatic influences, has some interest to medical men. A naval officer who has been engaged several years in the course of his professional duty, in studying the subject of the origin and progress of the Gulf Stream, presents the following propositions of the result of his observations and deductions:—It is of subterranean origin. Its progress in a certain direction and rate, is caused by the shape and revolutions of this planet. It is heated by interior volcanic fires, supplied from the igneous portions of the globe. It is fed from beneath by a constant flow of waters, some of these are the Mediterranean and other adjacent seas. The color, heat, current, motion, animalculæ, sedges, taste, odor, and all the other peculiarities, prove it to be subterranean in its origin and progress. The trade winds, and the formation of the shore of the Gulf of Mexico, have nothing to do with the origin, characteristics, and progress of it.

Statistics of Females.—In 1861, the adult women of England numbered six millions; three of these six millions labored for their subsistence, and two of three millions were unmarried, and dependent on their own exertions for subsistence.

Dental College in New Orleans.—The remarkable impetus that has been given to medical teaching in New Orleans, within a few years past, has induced some enterprising gentlemen of that city to start a Dental College. With characteristic modesty, its newspapers claim that New Orleans dentists rank before all others in America, after having started with the proposition that the dental profession in America is decidedly ahead of that in any other country! The inference is so plain, that being much in need of a set of artificial teeth, we shall think seriously whether it will not be worth a trip to New Orleans to get them. Perhaps some dentist there (O! it would be grand to have it done by the *best* one!) would *give* us a "sample"—or, perhaps, we might be taken before the clinic and made an ex-sample of for the benefit of the class! But, by all means, give us a New Orleans set of teeth. They would do to affirm by!

We are glad that a Dental College is about to be established in this important city, and feel sure that it will prove a decided success. We notice with pleasure that our old friend, Dr. N. B. Benedict, occupies two chairs in the institution, those of Anatomy and Physiology and Materia Medica and Special Therapeutics. Dr. John S. Clark, 140 Canal street, is Dean of the Faculty.

Life-Saving Apparatus.—Among the items of appropriation by Congress at its late session, we find the following:

"For the purchase of the right to use in the navy, if in the opinion of the Secretary of the Navy it shall be deemed expedient, Davidson's boat lowering, attaching, and detaching apparatus, a sum not exceeding ten thousand dollars."

We are assured that this is a valuable invention, and that its adoption in the navy will save many lives. We presume, too, that its purchase by the government throws open the right to its universal adoption. The benefits resulting from its adoption must be incalculable to our sea-faring citizens, as, during shipwrecks, much of the loss of life is occasioned by lowering boats in the attempt to escape from the wreck.

Army and Navy Intelligence.—A Board of Medical Officers, to consist of Surgeons C. A. Finley, C. McDougall, and W. J. Sloan, has been ordered to assemble in New York city, on the 1st of May next, or as soon thereafter as practicable, for the examination of Assistant-Surgeons for promotions, and such candidates for appointment as may be invited to present themselves before the Board.

Assistant-Surgeon C. T. Alexander has been ordered to report to Surgeon De Camp, at St. Louis, Mo., for temporary duty.

Thirty-five thousand five hundred and fifty dollars were appropriated by Congress at its last session, for the year ending June 30, 1861, "for Surgeons necessaries and appliances for the sick and hurt of the Navy, including the engineer and marine corps."

Toleration of Large Quantities of Oil of Turpentine.—Dr. Macavoy, of this city, has communicated a remarkable instance of half a pint of turpentine being swallowed by a patient at intervals within four, or, at most, five hours. He had been suffering in the morning from severe hemorrhage from the lungs, for which Dr. Macavoy had directed turpentine to be given in ordinary doses. The hemorrhage ceased, and the patient was ordered to resort to the turpentine again if it should recur. At night it returned, and the patient being greatly alarmed, on his own responsibility, took the turpentine in *tablespoonful* doses, which were repeated until the hemorrhage ceased and a half a pint of the remedy was consumed. No unfavorable consequences resulted, excepting, as the patient remarked, a feeling of intoxication; and the hemorrhage has never since that time returned.

We recollect an instance which occurred a few years ago, in which an inebriated man took up a bowl filled with the oil of turpentine, supposing it to be whisky, and drank the greater part of it before discovering the error. He complained of pain in the abdomen, but soon went to sleep, and experienced no ill effects from the dose.

Breeding of Tapeworm.—By a recent experiment made on the human subject, Mr. Kuchenmeister has again succeeded in demonstrating that the *cysticercus cellulosa* becomes metamorphosed into the *tænia solium* of man. A man, under sentence of death, was induced to eat some pork containing cysticerci. The culprit was executed on March 31st, 1860; and on post mortem examination, one-half of the cysticerci swallowed were found to have become converted into flat worms. Eleven tapeworms, with perfectly developed joints, were found in the intestines, the largest measuring five feet.

Hyrtl's Anatomy has just been published in Germany. The author says, that, for thirty years, no treatise on practical anatomy has appeared in Germany, and acknowledges that his book has been written for a livelihood. This differs from the practice in this country, where such works often appear and disappear, and where the real selfish object of their issue is never so candidly acknowledged.

The Druggist, of Cincinnati, has again appropriated material from our pages without acknowledgment. Henceforth the *Druggist* may "count us out" of its exchange list.

A Clinic for Mental Diseases has been established at the University of Bologna.

New Orleans School of Medicine.—This flourishing institution held its annual commencement on the 15th inst. There were seventy-three graduates. The address to the graduates was delivered by Austin Flint, Jr., M. D., Professor of Phygiology—the valedictory address by Mr. D. Sidney Kelly, Jr., of Louisiana, one of the graduates.

The progress of medical teaching in New Orleans is unprecedented, the number of students having increased, in two years, from 200 to nearly 800!

Longevity of a Horse.—A horse belonging to Dr. Joseph R. Lotz, of this place, (New Berlin, Pa.,) died last week, says a correspondent. Had he lived until September, he would have attained the unusual age of forty years, nearly twice the usual lifetime of the horse. Until within about one year he was able to do good service. At a very moderate calculation the Doctor has driven him around the world more than three times.

A new fact in the history of aluminum consists in its now being reduced in the hands of the gold beater, in France, into leaves as thin as those of silver and gold. These results have been arrived at only with very great difficulty. The annealing of the alluminum must be frequently repeated, and cannot be performed in the ordinary manner as with silver and gold. Otherwise, the operation of beating is conducted in the usual manner.

Medical College of Alabama.—This new institution, located at Mobile, closed its session on the 14th instant. The degree of Doctor of Medicine was conferred on thirty-one graduates. This shows a remarkably successful beginning. The closing address, on behalf of the faculty, was given by F. A. Ross, Jr., M. D., and the valedictory by Mr. M. L. Ramsey, of Sumter county, Alabama, one of the graduates.

Physician to the Queen of Great Britain.—Dr. William Jenner has been appointed physician to the Queen, in place of Dr. Baly, who was recently killed by a railway accident. Dr. Jenner is mostly known in this country as the author of some monographs on subjects connected with practical medicine.

Resignation.—The St. Louis *Republican* says that Dr. McPheeters has forwarded his resignation as Physician and Surgeon to the United States Marine Hospital of that city, which post he has filled for more than four years past.

Medical Appointment by the President.—Dr. Calloway has been reappointed as Surgeon in the Marine Hospital at Paducah.

A Tendency to Osseous Disease.—Dr. Cooper, of San Francisco, says, that in California, there is a greater tendency to affections of the bones, joints, and periosteum, than in other countries.

Injuries of the periosteum, from a simple bruise, very frequently lead to destruction of bone, and sprains produce diseases of joints only curable by exsection.

He says that he frequently exsects diseased bones about the ankle joint, as the consequence of sprains, and that the pressure of the plates of artificial teeth is often the cause of disease of the periosteum of the jaw.

A piece of meteoric iron weighing 2,000 pounds, found in Tucson, Arisona, is about to be sent to the Smithsonian Institute. A smaller piece, found in the same place, has been used for several years for an anvil in a blacksmith's shop.

MARRIED.

Russell—Payne.—March 17th, 1861, John H. Russell, M.D., of Unionville, Iowa, and Miss A. S. Payne, of Centreville, Iowa.

DIED.

Cantwell.—On March 19th, at his residence, in Blairsville, Indiana county, Pa., Dr. T. J. Cantwell, in the 38th year of his age.

Answers to Correspondents.

W. J. McH.—Gelatine tubes for fistula lachrymalis cost thirty-seven cents each. Gemrig, Kolbé, or Helmbold will supply them.

B. B. C.—Dr. Norwood's tincture of veratrum viride is the preparation most in use in this city. His article calling attention to the great merits of veratrum viride was published about ten years ago. It had been used previously by several practitioners, but its use has only been well understood by the profession during the last few years.

Suburban Practitioner.—Copies of the regulations of those societies will be sent to you.

W. S.—The "radical cure truss," to which you refer, is a simple but efficient hard pad truss, and is made by McClenachan, Seventh street, above Arch.

W. D.—We have used the chlorate of potash in such quantities, and in such varied conditions, as to convince us that in ordinary doses it has no toxic properties, and have no faith in the current reports of its action as an irritant poison. Records of observation of its therapeutic use will be acceptable for publication.

Drs. E. R. B., Ohio, and T. J. S., Penn'a.—Your payments are correct, to Nos. 232 and 236 respectively, and you are so credited on our books.

COMMUNICATIONS RECEIVED.

Alabama—Dr. S. P. Smith, (with encl.,) Dr. D. W. Smith. *Arkansas*—Dr. D. D. Hitchcock. *Connecticut*—Dr. D. P. Francis, (with encl.,) Dr. L. J. Sanford, (with encl.,) Dr. R. Hubbard, T. G White, Dr. H. S. Dean, (with encl.,) Dr. T. Dimmock, (with encl.,) Dr. C. P. Bromley, (with encl.,) Dr. J. Palmer, (with encl.,) Dr. C. H. Rodgers, (with encl.,) Dr. C. C. Cundal, (with encl.,) Dr. J. W. Martin, (with encl.,) Dr. J. B. Whitecomb,

(with encl.,) Dr. W. Woodbridge, (with encl.,) Dr. W. H. Cogswell, (with encl.,) Dr. S. D. Grant, (with encl.,) Dr. L. D. Pelton, (with encl.,) Dr. M. White, (with encl.,) Dr. J. W. Johnston, (with encl.,) Dr. D. S. Hall, (with encl.,) Dr. E. Bentley, (with encl.,) Dr. M. Manning, (with encl.,) Dr. W. K. Brewer, (with encl.,) Dr. J. W. Lawton, (with encl.,) Dr. J. Langdon, (with encl.,) Dr. E. W. Brainerd, (with encl.,) Dr. S. J. Salisbury, (with encl.,) Dr. W. Woodrough, (with encl.,) Dr. J. W. Pardee, (with encl.,) Dr. H. E. Way, (with encl.,) Dr. R. Tracy, (with encl.,) Dr. D. Calkins, (with encl.,) Dr. L. E. Dickson, (with encl.,) Dr. J. S. Burges, (with encl.,) Dr. J. Deacon, (with encl.,) Dr. G. G. Jacques, (with encl.,) Dr. E. G. Griggs, (with encl.,) Dr. C. W. Jacques, (with encl.,) Dr. T. Webster, (with encl.,) Dr. A. Skinner, (with encl.,) Dr. S. G. Risley, (with encl.,) Dr. F. C. Bailey, (with encl.,) Dr. G. H. Preston, (with encl.,) Dr. H. G. Hall, (with encl.,) Dr. B. W. Gay, (with encl.,) Dr. A. W. Coates, (with encl.,) Dr. N. Brigham, (with encl.,) Dr. W. A. Bennett, (with encl.) *Delaware*—Dr. D. W. Maull. *Illinois*—Dr. S. F. Hance, Dr. N. M. Cooper. *Iowa*—Dr. S. H. Sawyers, Dr. J. Williamson, (with encl.) *Louisiana*—Dr. N. B. Benedict. *Massachusetts*—Dr. Buckingham, Dr. H. H. Mitchell. *Maryland*—Dr. P. A. Healey, (with encl.,) Dr. A. Gerstell, (with encl.) *New Jersey*—Dr. P. T. Tunison, (with encl.,) Dr. L. Raenberger, (with encl.,) Dr. S. Wickes, Dr. R. W. Elmer, (with encl.,) Dr. J. Schanck. *New York*—Dr. Louis Bauer, (2,) Dr. E. J. Ford, (with encl.,) Dr. G. D. Slocum, (with encl.,) Dr. John Swinburne, (with encl.,) Dr. G. F. Collins, (with encl.,) Dr. O. T. Bundy & Son, (with encl.,) Dr. S. D. Willard, Dr. J. McCall, (with encl.,) Dr. H. G. Luther, Dr. Elisha Harris. *Ohio*—Dr. H. Cooney, (with encl.,) Dr. P. W. Chase, (with encl.,) Drs. J. & D. Walker, (with encl.,) Dr. H. Culbertson, Dr. N. B. Cotton, (with encl.,) Dr. H. C. Coffman, (with encl.,) Dr. R. S. Newton, (with encl. for Dr. C. T. Hart of Mo.,) Dr. M. Hawes, Dr. E. R. Bell, (with encl.,) Dr. B. F. Coates, (with encl.,) Dr. J. Vertessy, (with encl.,) Dr. R. H. Johnson, (with encl.) *Pennsylvania*—Dr. W. R. Hull, (with encl.,) Dr. J. Sandt, Dr. J. N. Beck, (with encl.,) Dr. A. L. Cressler, (with encl.,) Dr. J. Burkholder, (with encl.,) Dr. E. J. Say, Dr. D. L. Batdorff, Dr. S. R. Rittenhouse, Dr. J. H. Musser, (with encl.,) Dr. T. J. Swisher, Dr. G. R. Lewis. *South Carolina*—Dr. G. Caulier, (with encl.) *Tennessee*—Dr. J. E. Reveley. *Virginia*—Dr. A. Osburn, (with encl.,) Dr. R. Campbell. *Wisconsin*—Dr. J. F. Reeve.

Office Payments—Dr. E. Hottenstein, [Pa.,] Dr. J. M. Lazzell, [Va.,] Dr. N. F. Ritter, [Pa.,] Dr. N. E. Barnes, [Pa.,] Dr. J. Breitenback, [Pa.,] Dr. J. J. Davis, [Md.,] Dr. J. A. Ramsey, [Pa.] By Mr. Swayne: Drs. A. Weeks, Larrison, O. Sproul, Macnichol, Truman, Weber, Simons, Pearsoll, and Rheinstein.

[ADVERTISEMENT.]

New York, March 23d, 1861.

Editors Medical Reporter:

GENTLEMEN:—In reducing the price of my INHALERS from $5 to $3 50, I was misled by an error in estimating the cost of their manufacture, and I consequently fixed the price at a less sum than they can be afforded. The price will hereafter be established at $4 each. Being anxious to dispose of them at the lowest possible rate, and having induced my manufacturer to make a slight reduction, the price will hereafter be uniform.

Yours respectfully,

H. GILES LUTHER,
42 *Great Jones Street, N. Y.*

P. S.—Persons wishing for the Agency for the sale of the above for any State or City, will please address me.

LECTURES ON AURAL AND OPHTHALMIC MEDICINE. Dr. TURNBULL will deliver his Introductory to his Course of Lectures on Aural and Ophthalmic Medicine and Surgery, on MONDAY, April 1st, at 12 o'clock, M., at the new Lecture Room of the Howard Hospital, No. 1518 LOMBARD Street.

The Profession and Students of Medicine are respectfully invited to attend.

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ELIXIR
OF
PROPYLAMINE.

—o—

The New Remedy
FOR
RHEUMATISM.

—o—

We have introduced the Crystaline Chloride of Propylamine very extensively to the Medical Profession during the past year, and have received many testimonials of its remarkable success in the cure of Rheumatism, where all other remedies had failed.

A full report of its trial in the Pennsylvania Hospital, in this city, will be found in the numbers of the *Medical and Surgical Reporter* of May 19th, 23d, 26th, and June 9th, 1860, extracts from which we have published, and will send on application.

Many Physicians have requested us to prepare it in a form more convenient for administration, and in such a manner as to disguise its odor and taste. The new form in which we now offer it to the profession will be found to meet all these requirements.

THE ELIXIR

Is prepared according to the published formula, each tablespoonful representing three grains of the Chloride of Propylamine. It is handsomely put up in bottles containing about 6 oz. each, and is agreeable to the taste.

The recent remarkable cures which have come under our notice, enable us to offer it with confidence to the Medical Profession as well worthy of a trial.

THE ELIXIR

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Will be made to Physicians who purchase by the dozen.

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CINCINNATI.

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